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To:
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Subject: Secretary Stand Up Brief - OPIA - August 8, 2018
Date: Wed Aug 08 2018 07:30:34 CDT
Attachments: 180808_VA Secretary's Stand-Up Brief.pptx
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Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Wednesday, Aug. 8, 2018.

Sincerely,

[b] (6)

Media Relations Division

Office of Public & Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave., NW, Suite 913J

Washington, DC 20420

[b] (6) va.gov

Office: (202) 461-[b] (6)

Cell: (202) 689-[b] (6)

“Pursue, engage and impact a Veteran today!”

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VA Secretary's Stand-Up Brief

8 August 2018

Executive Summary

ProPublica released an investigative article on the influence three Mar-a-Lago members are reportedly having on VA. Multiple outlets reported on Sec. Wilkie's plans to advance key VA priorities, including challenges at the Washington DC VAMC.

Storyline	Outlets	Analysis	Trend	Priority
Informal council at Mar-a-Lago influencing VA	<u>ProPublica</u> , <u>CNBC</u> , <u>The Hill</u>	In an in-depth piece based on interviews with former administration officials and hundreds of FOIA documents, <i>ProPublica</i> claimed three Mar-a-Lago members are "shadow rulers of the VA." The article included a variety of allegations and historical firsts, including the claim, "The arrangement is without parallel in modern presidential history." <i>CNBC</i> and <i>The Hill</i> summarized the article for their readers.	Emerged	Resources / Choice
Sec. Wilkie pledges to improve the DC VAMC	<u>Military.com</u> , <u>Stars and Stripes</u>	In its coverage of Sec. Wilkie's visit to the DC VAMC on Monday, <i>Military.com</i> outlined recent challenges concerning personnel and medical supplies. <i>Stars and Stripes</i> focused on the Secretary's plan to announce a new director for the VAMC in the coming weeks. Both articles mentioned the VAMC addressed six of 25 recommendations made by the OIG for improving the facility.	Emerged	Resources / Service
Sec. Wilkie interview broadcast on <i>Sinclair</i>	<u>WHAM (SBG)</u>	<i>Sinclair Broadcasting Group</i> broadcasted a short interview with Sec. Wilkie. The exchange mentioned several VA priorities, including accountability, Choice, homelessness, and improvements at the Washington DC VA.	Emerged	Resources / Choice
OIG: Madison VA was deficient before Veteran suicide	<u>AP</u> , <u>Chippewa Herald</u>	<i>AP</i> briefly summarized OIG findings that the Madison VA could have held Veteran Robert Franks-Mess for an additional 72 hours. <i>Chippewa Herald's</i> coverage was considerably more detailed and critical of VA decisions leading up to the suicide.	Emerged	Suicide



VA Secretary's Stand-Up Brief

8 August 2018

Social Media Takeaway

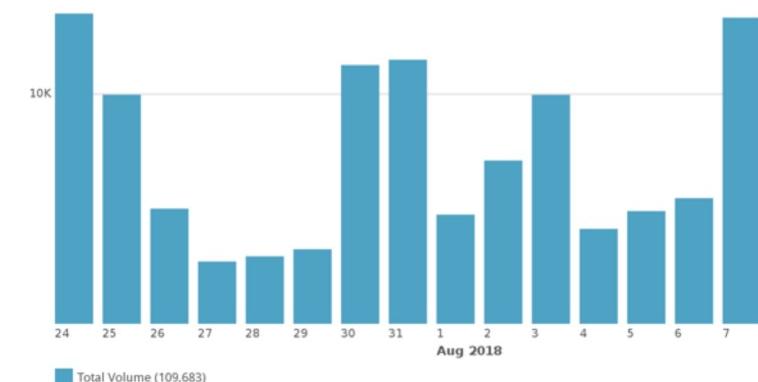
The *ProPublica* article by Isaac Arnsdorf (@iarnsdorf) on three Mar-a-Lago members dominated social media and was the subject of nine of the top 10 retweeted posts.

Key Points

- At least 62% of Twitter posts were on the claim that three men who hold meetings at Mar-a-Lago are influencing VA. The top most-retweeted post, by MSNBC's [@chrishayes](#), led to 7.6k+ retweets in less than 12 hours. Mr. Hayes wrote that the men "have been basically running the VA for a year and a half." [@chrishayes](#) posted a second tweet highlighting the allegation, "The arrangement is without parallel in modern presidential history" (560+ retweets).
- @OpenSecretsDC researcher [@annalecta](#) authored the second most-retweeted post, which focused on the information obtained by *ProPublica* from hundreds of FOIA documents (4.2k+ retweets). Other highly influential posts with similar messaging were by @ProPublica's [@JessicaHuseman](#) (3.6k+ retweets), @CNBC's [@christinawilkie](#) (1.9k retweets), and [@iarnsdorf](#) (770+ retweets).
- The leading trends from Monday (posts on @codeofvets and the Murfreesboro VA) dropped to less than 1% of volume.

Twitter and Facebook Volume:

24 August – 7 August



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: Mar-a-Lago	62% of Volume
Twitter	@iarnsdorf	22% of Volume
Facebook	VAntage Point: Air Force Veteran looks to inspire others as wheelchair basketball official	240+ Reactions, 20+ Shares
YouTube	Secretary Robert Wilkie discusses pertinent concerns at VA town hall	130+ Views

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<vamediaanalysis@barbaricum.com>
To: Barbaricum VA Media Analysis
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analysis4d9>
Cc:
Bcc:
Subject: [EXTERNAL] 8 August Veterans Affairs Media Summary and News Clips
Date: Wed Aug 08 2018 04:16:22 CDT
Attachments: 180808_Veterans Affairs Media Summary and News Clips.docx
180808_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

8 August 2018

1. Top Stories

1.1 - WHAM (ABC-13, Sinclair, Video): [1-on-1 with new VA Secretary Robert Wilkie Jr.](#) (7 August, Scott Thuman, 817k uvm; Rochester, NY)

It's one of the most difficult jobs in all of Washington: running the Department of Veterans Affairs and looking after the well-being of 9 million veterans annually. After years of mismanagement, a new leader is trying to turn that around. In the video above, VA Secretary Robert Wilkie sits down with chief political correspondent Scott Thuman to explain why he thinks he'll succeed where others have failed.

[Hyperlink to Above](#)

1.2 - Military.com: [New VA Secretary Pledges Cleanup Of Scandal-Plagued DC Hospital](#) (7 August, Richard Sisk, 9M uvm; San Francisco, CA)

In his second week on the job, new VA Secretary Robert Wilkie pledged a cleanup of the scandal-plagued Washington, D.C., Department of Veterans Affairs Medical Center where inspectors found doctors using rusty surgical tools and identified a sense of "complacency" in the facility's leadership.

[Hyperlink to Above](#)

1.3 - ProPublica: [The Shadow Rulers of the VA](#) (7 August, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Last February, shortly after Peter O'Rourke became chief of staff for the Department of Veterans Affairs, he received an email from Bruce Moskowitz with his input on a new mental health initiative for the VA. "Received," O'Rourke replied. "I will begin a project plan and develop a timeline for action."

[Hyperlink to Above](#)

1.4 - U.S. News & World Report (AP): [Report: Madison VA Hospital Care Deficient Before Suicide](#) (7 August, 23.9M uvm; Washington, DC)

A new federal report finds that Madison's Veterans Hospital provided deficient care for a patient who killed himself a day after being discharged last year. The report by the VA Office of the Inspector General found that hospital staff did not hold the man for an additional 72 hours, as they could have. The report also cited problems with discharge planning, follow-up and outpatient pharmacy care.

[Hyperlink to Above](#)

1.5 - The Chippewa Herald: [Madison VA hospital's care deficient before veteran's death by suicide, report says](#) (7 August, David Wahlberg, 197k uvm; Chippewa Falls, WI)

Madison's Veterans Hospital provided deficient care for a mentally ill patient who killed himself a day after being discharged last year, according to a new federal report. Staff didn't hold the man for an additional 72 hours, as they could have, and there were problems with discharge planning, follow-up and outpatient pharmacy care, says a report by the VA Office of the Inspector General.

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2. Greater Choice for Veterans

2.1 - CNBC: Three civilians from Mar-a-Lago are reportedly making decisions for the VA

(7 August, Yen Nee Lee, 26.1M uvm; Englewood Cliffs, NJ)

An "informal council" of three people who have neither served in the U.S. military nor hold government positions was found to exert "sweeping influence" on policies concerning America's military veterans, ProPublica reported on Tuesday.

[Hyperlink to Above](#)

2.2 - The Hill: Mar-a-Lago insiders provided input on VA policy, personnel decisions: report

(7 August, Brett Samuels, 11.8M uvm; Washington, DC)

A trio of high-profile individuals with ties to President Trump's Mar-a-Lago golf club provided input and directives to staff at the Department of Veterans' Affairs (VA), despite never serving in government or the military.

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3. Modernize Our System

3.1 - Stars and Stripes: We can give GIs seamless, lifetime medical records

(7 August, Rep. Jim Banks (R-Ind.), 1.5M uvm; Washington, DC)

This Congress has been the most productive in decades in delivering results for our veterans. We've sent bipartisan legislation to President Donald Trump's desk that brings accountability to the Department of Veterans Affairs, increases transparency in the timeliness and quality of care, and streamlines the broken appeals process for disability claims — and passed the largest expansion of GI Bill benefits since the original GI Bill was signed into law. The House has passed more than 70 veterans bills and 26 of those have been signed by the president.

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3.2 - WBTV (CBS-3): Salisbury VA to open new clinical laboratory and ICU

(7 August, David Whisenant, 319k uvm; Charlotte, NC)

A special ribbon cutting will be held on Wednesday for the new clinical lab and ICU at the W.G. "Bill" Hefner Veterans Administration Medical center in Salisbury. The new Salisbury VAMC clinical laboratory is a full-service lab that supports the inpatient hospital, the operating room, outpatient clinics, oncology clinic, dialysis and two free standing Health Care Centers.

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3.3 - WJCT (NPR-89.9): Outpatient Health Clinic For Veterans Will Open In Orange Park

(7 August, Cyd Hoskinson, 54k uvm; Jacksonville, FL)

Military veterans in Clay County are getting a new Veterans Administration outpatient health clinic. 76-year-old Gary Newman started the Clay County chapter of the Vietnam Veterans of America. He said right now, the thousands of veterans who live in the area have to go to the VA clinic in Jacksonville for routine health care.

[Hyperlink to Above](#)

3.4 - VC Daily: [Military Telemedicine Extends Its Reach to Teletherapy for PTSD](#) (7 August, Charlotte T., 2k uvd)

Post Traumatic Stress Disorder is like a terrible echo of life-threatening events from the past. Its sufferers—and there are thousands of them across military and civilian life alike—can become haunted by memories of moments when they or their loved ones were faced with grave danger.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - Stars and Stripes: [VA secretary to announce new leader for DC hospital](#) (7 August, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs secretary plans to announce a new, permanent leader for the Washington veterans hospital in the coming weeks after conditions at the facility were reported last month to have deteriorated to a critical level.

[Hyperlink to Above](#)

4.2 - WFED (AM-1500, Audio): [VA's former acting CIO reflects on his tenure](#) (7 August, Freshta Mohammad and Sean Kelley, 854k uvm; Washington, DC)

This Trump Administration has seen a great deal of turnover in career senior executives. The Veteran Affairs Department has definitely seen its share. For this month's show, Cyber Chat's host Sean Kelley sat down with a reflective Scott Blackburn. Blackburn served in many capacities while at the VA, including executive in charge of Secretary Robert McDonald's MyVA Initiative, acting deputy secretary of VA and acting CIO.

[Hyperlink to Above](#)

4.3 - Johnson City Press: [Mountain Home National Cemetery director resigns amid health crisis](#) (7 August, Becky Campbell, 194k uvm; Johnson City, TN)

When Mountain Home National Cemetery Director Jeny Walker and her staff accepted a national award for excellence last week, it was a professional high for her and the team. It was the second of three awards given by the National Cemetery Administration in her three years directing the cemetery. Walker oversaw a massive expansion project and established an outreach program more inclusive of the community.

[Hyperlink to Above](#)

4.4 - Williamson Daily News: [Hershel 'Woody' Williams VA, local professionals discuss vets' mental health](#) (7 August, Bishop Nash, 24k uvm; Williamson, WV)

The Hershel "Woody" Williams VA Medical Center in Huntington hosted its sixth annual mental health summit Friday afternoon, meeting jointly with outside mental health agencies toward serving their common goal in creating better lives and conditions for the area's military veterans.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - MLive: [Wurtsmith base water may have caused veteran cancers](#) (7 August, Garret Ellison, 10.9M uvm; Ann Arbor, MI)

Drinking water laced with high levels of poisonous chemicals may be to blame for cancer and other chronic disease among veterans and families who lived at Wurtsmith Air Force Base in northern Michigan, according to a new federal health report draft.

[Hyperlink to Above](#)

5.2 - Billings Gazette: Veteran finds pain relief without pills through rehab and therapy with Billings naturopaths (7 August, Susan Olp, 854k uvm; Billings, MT)

Casey Jourdan, a veteran of the Iraq War, is no stranger to pain. She spent six years in the Montana National Guard, and was deployed in Iraq for a year, starting in 2003. She primarily worked as a turret gunner doing convoy security. On April 13, 2004, she was wounded in a roadside bombing. It left her with permanent joint and nerve damage in her left shoulder, elbow and wrist.

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5.3 - WZTV (FOX-17): Viral photo of Tennessee veteran on VA hospital floor sparks outrage (7 August, Kaylin Jorge, 484k uvm; Nashville, TN)

A photo showing a veteran passed out on the floor at a middle Tennessee Department of Veterans Affairs hospital has sparked outrage and continues to go viral. However, the VA is saying the story being shared on social media isn't what transpired. FOX 17 News spoke with Gail Hobbs, who took a photo of her brother, Tony Sims, passed out on the floor at Murfreesboro VA.

[Hyperlink to Above](#)

5.4 - The Telegraph: Veterans serving veterans: County program fosters readjustment after service (7 August, Jill Moon, 160k uvm; Alton, IL)

A pair of U.S. Army combat veterans are working together on two fronts to help discharged and retired veterans of any military branch, discharge type and era. Veterans' Assistance Commission (VAC) of Madison County Supervisor Bradley Lavite and Vet Center readjustment counselor Nathan Ferguson started a two-pronged VAC/Vet Center Group Outreach program that works toward a single goal of assisting veterans navigate the complex veterans health care and benefit system...

[Hyperlink to Above](#)

5.5 - WMFE (NPR-90.7, Audio): Intersection: The Road To Better Care For Veterans (7 August, Brenda Argueta, 70k uvm; Orlando, FL)

One of the challenges facing Veterans after their service is getting access to healthcare. Veterans Affairs secretary Robert Wilkie, who was sworn in last week, will address American Veterans tomorrow at the group's annual convention in Orlando. Improving access to healthcare is one of the issues the service organization is looking to Wilkie to address.

[Hyperlink to Above](#)

5.6 - WMBB (ABC-13): Senator Nelson Speaks with Local Veterans (7 August, Chelsie Taddonio, 50k uvm; Panama City, FL)

Veterans from around Bay County expressed concerns to U.S. Sen. Bill Nelson at a round table meeting in Panama City. Sen. Nelson spoke with veterans about a piece of legislation he is proposing, that would protect the military from being taken advantage of by payday loans. The

legislation would cap the interest rate at 24 %. He says this is so... "the poor member of the service doesn't keep building up these loans that they can't pay. And then have to declare bankruptcy."

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5.7 - White Mountain Independent: Snowflake resident spearheads VA policy change (7 August, Laura Singleton, 37k uvm; Show Low, AZ)

Julius Aubin, a Navy veteran and a resident of Snowflake since 2002, is a mover and a shaker. He can also breathe a little easier now – literally. Aubin has been on a mission to improve healthcare for veterans like himself who use portable oxygen tanks to help them breathe. Specifically, he wants veterans to "get out and be mobile."

[Hyperlink to Above](#)

6. Suicide Prevention

6.1 - Dispatch - Argus: VA says reaching vets key to stopping suicide (7 August, Jim Meenan, 311k uvm; Moline, IL)

The numbers speak harshly for themselves. Every day, about 20 U.S. veterans and current service men and women commit suicide. On average, only about six of those veterans are receiving care from the Veterans Administration.

[Hyperlink to Above](#)

6.2 - The Daily News: VA center in IM to host Mental Health Summit at Bay West (7 August, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center will host its sixth annual Mental Health Summit on Tuesday, Aug. 21, in Fornetti Hall at Bay College West, 2801 N. U.S.2 in north Iron Mountain. The event will be 9 a.m. to noon, and is open to local government human services, community mental health agencies, hospitals, veterans and their families, and any other interested organizations or individuals.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WCTV (CBS-6, Video): Local World War II vet has VA Clinic named in his honor (7 August, Alicia Turner, 1.4M uvm; Tallahassee, FL)

You probably recognize the famous World War II photo of the flag being raised on Iwo Jima. But, the photo most think of wasn't the original flag to be raised. And, one of the soldiers who helped raise the first flag grew up in Monticello.

[Hyperlink to Above](#)

7.2 - Tallahassee Democrat: VA secretary helps rename vets clinic for Monticello Marine Ernest "Boots" Thomas (7 August, James Call, 439k uvm; Tallahassee, FL)

Monticello's Dr. Jim Sledge remembers the ship-borne broadcast with Sgt. Ernest "Boots" Thomas a couple days after the iconic flag raising during the World War II battle for Iwo Jima. A

photo taken of it by the Associated Press appeared around the country in 1945 while the U.S. prepared a final assault on imperial Japan.

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7.3 - SportTechie: [U.S. Veteran Steve Kirk Uses Breath-Triggered Gun at Wheelchair Games](#) (7 August, Logan Bradley, 157k uvm; Washington, DC)

A 1980 skiing accident left U.S. Army veteran Steve Kirk with a dislocated neck and little use of his arms or legs. Almost forty years later, Kirk was competing at last week's National Veterans Wheelchair Games. Kirk took part in the air rifle competition thanks to a gun that is triggered by his breath.

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7.4 - St. George News: [Salt Lake City Veterans Affairs office to hold first 'Benefits Fair' in St. George](#) (7 August, Ryan Rees, 156k uvm; Saint George, UT)

Area veterans will be able to get assistance for a variety of needs when the Department of Veterans Affairs Salt Lake City regional office's outreach team hosts its first "Benefits Fair" Aug. 14 in St. George. [...] "This is new for us," said Thomas Lamb, outreach specialist in the St. George Veterans Affairs office. "They (Veterans Benefits Administration) are sending down two people who are the actual people who handle the benefits paperwork in the Salt Lake office."

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8. Other

8.1 - South Bend Tribune: [Viewpoint: Donnelly, a tireless advocate for vets, should be re-elected](#) (7 August, Joe Kernan, 274k uvm; South Bend, IN)

As a Vietnam War veteran and prisoner of war, a former governor of Indiana and a longtime South Bend resident, I believe that we need to re-elect Joe Donnelly to the U.S. Senate. Joe has been a tireless advocate for veterans and service members in the Senate. He works in a bipartisan and common-sense way to deliver real results for all Hoosiers.

[Hyperlink to Above](#)

[Back to Top](#)

1. Top Stories

1.1 - WHAM (ABC-13, Sinclair, Video): 1-on-1 with new VA Secretary Robert Wilkie Jr. (7 August, Scott Thuman, 817k uvm; Rochester, NY)

WASHINGTON - It's one of the most difficult jobs in all of Washington: running the Department of Veterans Affairs and looking after the well-being of 9 million veterans annually.

After years of mismanagement, a new leader is trying to turn that around.

In the video above, VA Secretary Robert Wilkie sits down with chief political correspondent Scott Thuman to explain why he thinks he'll succeed where others have failed.

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1.2 - Military.com: New VA Secretary Pledges Cleanup Of Scandal-Plagued DC Hospital (7 August, Richard Sisk, 9M uvm; San Francisco, CA)

In his second week on the job, new VA Secretary Robert Wilkie pledged a cleanup of the scandal-plagued Washington, D.C., Department of Veterans Affairs Medical Center where inspectors found doctors using rusty surgical tools and identified a sense of "complacency" in the facility's leadership.

Wilkie went to VAMC Monday, where he was told that plans were in place for "assuring reliable availability and sterilization of instruments for surgical procedures," the VA said in a release.

Wilkie also was told that an electronic inventory was being set up to make sure that the hospital, serving about 90,000 veterans in the D.C. area, overcomes chronic equipment shortages.

Previous reports from the VA's Office of Inspector General charged that VAMC staffers at times had to make emergency runs to neighboring hospitals to ask for supplies.

The hospital had to borrow bone material for knee replacement surgeries and also ran out of tubes needed for kidney dialysis, forcing staff to go to a private-sector hospital to procure them, the IG's report last year said.

VAMC officials also told Wilkie that they were doing better at making timely appointments, particularly for prosthetics.

"We had a good visit today, and I appreciated hearing from facility and regional leadership on the important work that has been done to address the Inspector General's concerns, as well as plans for resolving all its remaining recommendations," Wilkie said in a statement. "There have been substantial improvements over the past few months in practice management, logistics and prosthetics in particular, and leaders have a strong plan ahead for even more progress in the coming weeks."

Wilkie approved yet another shuffle of VAMC's leadership to implement the changes. The current acting director, Adam M. Robinson Jr., will return to his previous position as director of the VA Maryland Health Care System.

A new permanent director for VAMC has been identified, and the name will be announced "in the near future," the VA said.

In the interim, VAMC Chief of Staff Charles Faselis will serve as acting director of the facility.

Damning reports from VA Inspector General Michael Missal on conditions at VAMC were a factor in the downfall of Wilkie's predecessor as VA Secretary, Dr. David Shulkin, who was fired in a Tweet by President Donald Trump in March.

In April 2017, Missal took the unusual step of issuing an emergency report on conditions at VAMC before his inspection was complete to avoid putting patients at risk.

In his scathing report, IG Missal said that storage areas for medical supplies at the VAMC were filthy, management was clueless on what was in the storage areas, medical supply rejects may have been used on patients and more than \$150 million in supplies and equipment had never been inventoried.

Shulkin relieved VAMC Director Brian Hawkins and replaced him with Lawrence Connell, one of his top policy advisors and a retired Army colonel.

In early March, just before Shulkin was fired, Missal issued another report warning that for years VAMC had "suffered a series of systemic and programmatic failures to consistently deliver timely and quality patient care."

The report charged that there were staff shortages in several departments and that about \$92 million in supplies and equipment were purchased over a two-year period without "proper controls to ensure the purchases were necessary and cost-effective."

In April, Connell was out as temporary director following a dispute over "technical aspects" of his appointment, the VA said.

In his latest report on VAMC, Missal made 25 recommendations for improving care. The VA said Monday that VAMC had implemented six of the 25 recommendations and was working to resolve the remaining 19.

[Back to Top](#)

1.3 - ProPublica: [The Shadow Rulers of the VA](#) (7 August, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Last February, shortly after Peter O'Rourke became chief of staff for the Department of Veterans Affairs, he received an email from Bruce Moskowitz with his input on a new mental health initiative for the VA. "Received," O'Rourke replied. "I will begin a project plan and develop a timeline for action."

O'Rourke treated the email as an order, but Moskowitz is not his boss. In fact, he is not even a government official. Moskowitz is a Palm Beach doctor who helps wealthy people obtain high-service "concierge" medical care.

More to the point, he is one-third of an informal council that is exerting sweeping influence on the VA from Mar-a-Lago, President Donald Trump's private club in Palm Beach, Florida. The troika is led by Ike Perlmutter, the reclusive chairman of Marvel Entertainment, who is a longtime acquaintance of President Trump's. The third member is a lawyer named Marc Sherman. None of them has ever served in the U.S. military or government.

Yet from a thousand miles away, they have leaned on VA officials and steered policies affecting millions of Americans. They have remained hidden except to a few VA insiders, who have come to call them "the Mar-a-Lago Crowd."

Perlmutter, Moskowitz and Sherman declined to be interviewed and fielded questions through a crisis-communications consultant. In a statement, they downplayed their influence, insisting that nobody is obligated to act on their counsel. "At all times, we offered our help and advice on a voluntary basis, seeking nothing at all in return," they said. "While we were always willing to share our thoughts, we did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions... To the extent anyone thought our role was anything other than that, we don't believe it was the result of anything we said or did."

VA spokesman Curt Cashour did not answer specific questions but said a "broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half." White House spokeswoman Lindsay Walters also did not answer specific questions and said Perlmutter, Sherman and Moskowitz "have no direct influence over the Department of Veterans Affairs."

But hundreds of documents obtained through the Freedom of Information Act and interviews with former administration officials tell a different story — of a previously unknown triumvirate that hovered over public servants without any transparency, accountability or oversight. The Mar-a-Lago Crowd spoke with VA officials daily, the documents show, reviewing all manner of policy and personnel decisions. They prodded the VA to start new programs, and officials travelled to Mar-a-Lago at taxpayer expense to hear their views. "Everyone has to go down and kiss the ring," a former administration official said.

If the bureaucracy resists the trio's wishes, Perlmutter has a powerful ally: The President of the United States. Trump and Perlmutter regularly talk on the phone and dine together when the president visits Mar-a-Lago. "On any veterans issue, the first person the president calls is Ike," another former official said. Former administration officials say that VA leaders who were at odds with the Mar-a-Lago crowd were pushed out or passed over. Included, those officials say, were the secretary (whose ethical lapses also played a role), deputy secretary, chief of staff, acting under secretary for health, deputy under secretary for health, chief information officer, and the director of electronic health records modernization.

At times, Perlmutter, Moskowitz and Sherman have created headaches for VA officials because of their failure to follow government rules and processes. In other cases, they used their influence in ways that could benefit their private interests. They say they never sought or received any financial gain for their advice to the VA.

The arrangement is without parallel in modern presidential history. The Federal Advisory Committee Act of 1972 provides a mechanism for agencies to consult panels of outside advisers, but such committees are subject to cost controls, public disclosure and government oversight. Other presidents have relied on unofficial “kitchen cabinets,” but never before have outside advisers been so specifically assigned to one agency. During the transition, Trump handed out advisory roles to several rich associates, but they’ve all since faded away. The Mar-a-Lago Crowd, however, has deepened its involvement in the VA.

Perlmutter, 75, is painstakingly private — he reportedly wore a glasses-and-mustache disguise to the 2008 premiere of “Iron Man.” One of the few public photographs of him was snapped on Dec. 28, 2016, through a window at Mar-a-Lago. Trump glares warily at the camera. Behind him, Perlmutter smiles knowingly, wearing sunglasses at night.

When Trump asked him for help putting a government together, Perlmutter offered to be an outside adviser, according to people familiar with the matter. Having fought for his native Israel in the 1967 war before he moved to the U.S. and became a citizen, Perlmutter chose veterans as his focus.

Perlmutter enlisted the assistance of his friends Sherman and Moskowitz. Moskowitz, 70, specializes in knowing the world’s top medical expert for any ailment and arranging appointments for clients. He has connections at the country’s top medical centers. Sherman, 63, has houses in West Palm Beach and suburban Baltimore and an office in Washington with the consulting firm Alvarez & Marsal. His legal work focuses on financial fraud, white collar investigations and damages disputes. His professional biography lists experience in eight industries, none of them related to health care or veterans.

Moskowitz and Sherman helped Perlmutter convene a council of health care executives on the day of the Trump-Perlmutter photograph, Dec. 28, 2016. Offering more private healthcare to vets was a signature promise of Trump’s campaign, but at that point he hadn’t decided who should lead an effort that would reverse the VA’s longstanding practices.

A new name surfaced in that meeting: David Shulkin, who’d led the VA’s health care division since 2015. Perlmutter then recommended Shulkin to Trump, according to a person familiar with his thinking. (Shulkin did not respond to requests for comment.)

Once nominated, Shulkin flew to Mar-a-Lago in early February 2017 to meet with Perlmutter, Sherman and Moskowitz. In a follow-up email a few days later, Moskowitz elaborated on the terms of their relationship. “We do not need to meet in person monthly, but meet face to face only when necessary,” he wrote. “We will set up phone conference calls at a convenient time.”

Shulkin responded diplomatically. “I know how busy all of you are and having you be there in person, and so present, was truly a gift,” he wrote. “I found the time we spent, the focus that came out of our discussions, and the time we had with the President very meaningful.”

It wasn’t long before the Mar-a-Lago Crowd wore out their welcome with Shulkin. They advised him on how to do his job even though they sometimes seemed to lack a basic understanding of it. Just after their first meeting, Moskowitz emailed Shulkin again to say, “Congratulations [t] was unanimous.” Shulkin corrected him: “Bruce- this was not the confirmation vote- it was a committee vote- we still need a floor vote.”

Perlmutter, Moskowitz and Sherman acted like board members pounding a CEO to turn around a struggling company, a former administration official said. In email after email, officials sought approval from the trio: for an agenda Shulkin was about to present to Trump for a research effort on suicide prevention and for a plan to recruit experts from academic medical centers.

"Everything needs to be run by them," the first former official said, recalling the process. "They view themselves as making the decisions."

The Mar-a-Lago Crowd bombarded VA officials with demands, many of them inapt or unhelpful. On phone calls with VA officials, Perlmutter would bark at them to move faster, having no patience for bureaucratic explanations about why something has to be done a certain way or take a certain amount of time, former officials said. He issued orders in a thick, Israeli-accented English that can be hard to understand.

In one instance, Perlmutter alerted Shulkin to what he called "another real-life example of the issues our great veterans are suffering with when trying to work with the VA." The example came from Karen Donnelly, a real estate agent in Palm Beach who manages the tennis courts in the luxury community where Perlmutter lives. Donnelly's son was having trouble accessing his military medical records. After a month of dead ends, Donnelly said she saw Perlmutter on the tennis court and, knowing his connection to Trump, asked him for help. Perlmutter told her to email him the story because he's "trying to straighten things out" at the VA, she recalled. (Donnelly separately touched off a nasty legal dispute between Perlmutter and a neighbor, Canadian businessman Harold Peerenboom, who objected to her management of the tennis courts. In a lawsuit, Peerenboom accused Perlmutter of mounting a vicious hate mail campaign against him, which Perlmutter's lawyer denied.)

Perlmutter forwarded Donnelly's email to Shulkin, Moskowitz and Sherman. "I know we are making very good progress, but this is an excellent reminder that we are also still very far away from achieving our goals," Perlmutter wrote.

Shulkin had to explain that they were looking in the wrong place: Since the problem was with military service records, it lay with the Defense Department, not the VA.

Perlmutter, Moskowitz and Sherman defended their intervention, saying, "These were the types of stories of agency dysfunction and individual suffering that drove us to offer our volunteer experience in the first place — veterans who had been left behind by their government. These individual cases helped raise broader issues for government officials in a position to make changes, sometimes leading to assistance for one veteran, sometimes to broader reforms within the system."

Right after meeting Shulkin, Moskowitz connected him with his friend Michael Zinner, director of the Miami Cancer Institute and a member of the American College of Surgeons' board of regents. (Zinner declined to comment.) The conversation led to a plan for the American College of Surgeons to evaluate the surgery programs at several VA hospitals. The plan came very close to a formal announcement and contract, internal emails show, but stalled after Shulkin was fired, according to the organization's director, David Hoyt.

Besides advocating for friends' interests, some of the Mar-a-Lago Crowd's interventions served their own purposes. Starting in February 2017, Perlmutter convened a series of conference calls with executives at Johnson & Johnson, leading to the development of a public awareness campaign about veteran suicide. They planned to promote the campaign by ringing the closing bell at the New York Stock Exchange around the time of Veterans Day.

The event also turned into a promotional opportunity for Perlmutter's company. Executives from Marvel and its parent company, Disney, joined Johnson & Johnson as sponsors of the Veterans Day event at the stock exchange. Shulkin rang the closing bell standing near a preening and flexing Captain America, with Spider-Man waving from the trading pit, and Marvel swag distributed to some of the attendees. "Generally the VA secretary or defense secretary don't shill for companies," the leader of a veterans advocacy group said.

The VA was aware of the ethical questions this event raised because of Shulkin's relationship with Perlmutter. An aide to Shulkin sought ethics advice from the agency's lawyers about the appearance. In an email, the aide noted, "the Secretary is friends with the President of Marvel Comics, Mr. Ike Perlmutter, but he will not be in attendance." The VA redacted the lawyer's answer, and the agency's spokesman would not say whether the ethics official approved Shulkin's participation in the event.

Perlmutter did not answer specific questions about this episode. His joint statement with Moskowitz and Sherman said, "None of us has gained any financial benefit from this volunteer effort, nor was that ever a consideration for us."

Perlmutter also facilitated a series of conference calls with senior executives from Apple. VA officials were excited about working with the company, but it wasn't immediately obvious what they had to collaborate on.

As it turned out, Moskowitz wanted Apple and the VA to develop an app for veterans to find nearby medical services. Who did he bring in to advise them on the project? His son, Aaron, who had built a similar app. The proposal made Apple and VA officials uncomfortable, according to two people familiar with the matter, but Moskowitz's clout kept it alive for months. The VA finally killed the project because Moskowitz was the only one who supported it.

Moskowitz, in the joint statement, defended his son's involvement, calling him a "technical expert" who participated in a single phone call alongside others. "Any development efforts, had they occurred, would not have involved Aaron or any of us. There was no product of Dr. Moskowitz's or Aaron's that was promoted or recommended in any way during the call," the trio said. "Again, none of us, including Aaron, stood to receive any financial benefit from the matters discussed during the conversation — and any claims to the contrary are factually incorrect."

Moskowitz had more success pushing a different pet cause. He has spent years trying to start a national registry for medical devices, allowing patients to be notified of product recalls. Moskowitz set up the Biomedical Research and Education Foundation to encourage medical institutions to keep track of devices for their patients to address what he views as a dangerous hole in oversight across the medical profession. At one point, the foundation built a registry to collect data from doctors and patients. Moskowitz chaired the board, and Perlmutter's wife was also a member. Moskowitz's son earned \$60,000 a year as the executive director, according to tax disclosures.

Moskowitz pushed the VA to pick up where he left off. He joined officials on weekly 7:30 a.m. conference calls in which officials discussed organizing a summit of experts on device registries and making a public commitment to creating one at the VA. In an email to Shulkin, the VA official in charge of the project referred to it as the "Bruce Moskowitz efforts."

When the summit arrived, on June 4, Moskowitz and his son did not attend. It's not clear what role they will have in setting up the VA's registry going forward — their foundation has shut down, according to its website, and Moskowitz's son said he's no longer involved. But in his opening remarks at the summit, Peter O'Rourke, then the acting secretary, offered a special thanks to "Dr. Bruce Moskowitz and Aaron Moskowitz of the Biomedical Research and Education Foundation" as "driving forces" behind it.

Over the course of 2017, there was growing tension within the Trump administration about how much the VA should rely on private medical care. During the campaign, Trump championed letting veterans see any doctor they choose, inside or outside the VA system. But Shulkin warned that such an approach was likely to result in poorer care at a higher cost. His preferred solution was integrating government-run VA care with a network of private providers.

In September 2017, the Mar-a-Lago Crowd weighed in on the side of expanding the use of the private sector. "We think that some of the VA hospitals are delivering some specialty healthcare when they shouldn't and when referrals to private facilities or other VA centers would be a better option," Perlmutter wrote in an email to Shulkin and other officials. "Our solution is to make use of academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help this effort."

In other words, they proposed inviting private health care executives to tell the VA which services they should outsource to private providers like themselves. It was precisely the kind of fox-in-the-henhouse scenario that the VA's defenders had warned against for years. Shulkin delicately tried to hold off Perlmutter's proposal, saying the VA was already developing an in-house method of comparing its services to the private sector.

Shulkin also clashed with the Mar-a-Lago Crowd over how to improve the VA's electronic record-keeping software (the one episode involving the trio that has previously surfaced, in a report by Politico). The contract, with a company called Cerner, would cost more than \$10 billion and take a decade to implement. But Moskowitz had used a different Cerner product and didn't like it. He complained that the software didn't offer voice recognition, even though newer versions of Cerner's product do. For months, the Mar-a-Lago Crowd pressured Shulkin to put the contract through additional vetting.

On Feb. 27, 2018, Shulkin flew to Mar-a-Lago — not to see Trump, who was back in Washington, but to meet with Perlmutter, Moskowitz and Sherman. The trip was supposed to close the deal on the Cerner contract, according to two people familiar with the meeting. By then, Shulkin's stature had been badly diminished by an ethics scandal, and he expected he didn't have much longer in the job, but he wanted to finish the Cerner deal first.

Shulkin brought O'Rourke, an ex-Trump campaign aide who stepped in as chief of staff after the ethics scandal led to the departure of Shulkin's top aide. O'Rourke took the opportunity to ally himself with the Mar-a-Lago Crowd. "It was an honor to meet you all yesterday," he wrote in a follow-up email. "I want to ensure that you have my VA and personal contact information." He then provided his personal cell phone number and email address. (Using personal email to conduct government business can flout federal records laws, as President Trump and his allies relentlessly noted in their attacks on Hillary Clinton during the 2016 campaign.) "Thank you for your support of the President, the VA, and me," O'Rourke wrote. (O'Rourke didn't answer requests for comment.)

Perlmutter welcomed the overture. "I feel confident that you will be a terrific asset moving forward to get things accomplished," he replied.

The Mar-a-Lago Crowd grew frustrated with Shulkin, feeling like he wasn't listening to them, and Perlmutter came to regret recommending Shulkin to Trump in the first place, according to people familiar with his thinking. That aligned them with political appointees in the VA and the White House who started to view Shulkin as out of step with the president's agenda.

One of these officials, senior adviser Camilo Sandoval, presented himself as Perlmutter's eyes and ears within the agency, two former officials said. For instance, in an email obtained by ProPublica, Sandoval kept tabs on the Apple project and reported back to Moskowitz and Sherman. "I will update the tracker, and please do let me know if this helps answers [sic] questions around Apple's efforts or if additional clarification is required," he wrote. Sandoval, who didn't answer requests for comment, knew Perlmutter because he worked on the campaign with Trump's son-in-law, Jared Kushner, who is also close with Perlmutter.

In December, White House adviser Jake Leinenkugel sent Sandoval a memo outlining a plan to upend the department's leadership. Leinenkugel would not say who asked him to write the memo. But it was clearly not intended for Sandoval alone, since it refers to him in the third person. Three people familiar with the situation said the memo was sent to Sandoval as a channel to Perlmutter. The spokeswoman for Perlmutter, Sherman and Moskowitz said they didn't know about the memo.

The memo recommended easing Shulkin out and relying on Perlmutter for help replacing him. "Put [Shulkin] on notice to exit after major legislation and key POTUS VA initiatives in place," the memo said. "Utilize outside team (Ike)." Although several factors contributed to Shulkin's downfall, including the ethics scandal and differences with the White House over legislation on buying private health care, three former officials said it was his friction with the Mar-a-Lago Crowd over the Cerner contract that ultimately did him in.

Perlmutter, Moskowitz and Sherman dispute that contention. "Any decisions of the agency or the president," they noted in their statement, "as well as the timing of any agency decisions, were independent of our contacts with the VA."

But it wasn't just Shulkin — all the officials that the Leinenkugel memo singled out for removal are now gone, replaced with allies of Perlmutter, Sherman and Moskowitz. The memo suggested that Sandoval take charge of the Office of Information and Technology, overseeing the implementation of the Cerner contract; he got the job in April. The memo proposed removing Deputy Secretary Tom Bowman; he left in June, and the post hasn't been filled. The memo floated Richard Stone for under secretary for health; he got the job on an acting basis in July. Leinenkugel himself took charge of a commission on mental health (the same topic Moskowitz had emailed O'Rourke about). O'Rourke, having hit it off with the Mar-a-Lago Crowd, became acting secretary in May.

Trump initially nominated White House doctor Ronny Jackson to replace Shulkin, with Pentagon official Robert Wilkie filling in on a temporary basis. On Wilkie's first day at the VA, Sherman was waiting for him in his office, according to a calendar record.

Within a few weeks, Wilkie made a pilgrimage to Mar-a-Lago. He tacked it onto a trip to his native North Carolina, and O'Rourke caught up with him in Palm Beach. They visited a VA

hospital and rehab facility, then headed to Mar-a-Lago to meet with Perlmutter, Moskowitz and Sherman, according to agency records.

The Mar-a-Lago Crowd gave Wilkie and O'Rourke rave reviews. "I am sure that I speak for the group, that both you and Peter astounded all of us on how quickly and accurately you assessed the key problems and more importantly the solutions that will be needed to finally move the VA in the right direction," Moskowitz told Wilkie in a follow-up email.

Perlmutter was similarly thrilled with the new regime. "For the first time in 1½ years we feel everyone is on the same page. Everybody 'gets it,'" he said in an email. "Again, please know we are available and want to help any possible way 24/7."

Wilkie replied that the honor was his. "Thank you again for taking time to see me," he wrote.

Soon after, Jackson's nomination imploded over allegations of misconduct as White House physician. (Jackson denied the allegations, and they're still being investigated.) At that point, Perlmutter's endorsement cleared the way for Trump to nominate Wilkie.

Wilkie, who was sworn in on July 30, now faces a choice between asserting his own authority over the VA or taking cues from the Mar-a-Lago Crowd. Wilkie reportedly wants to sideline O'Rourke and Sandoval and restock the agency leadership with his own people. But people familiar with the situation said the Mar-a-Lago Crowd's allies are pushing back on Wilkie's efforts to rein them in. As his predecessor learned the hard way, anyone who crosses the Mar-a-Lago Crowd does so at his own risk.

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1.4 - U.S. News & World Report (AP): [Report: Madison VA Hospital Care Deficient Before Suicide](#) (7 August, 23.9M uvm; Washington, DC)

MADISON, Wis. (AP) — A new federal report finds that Madison's Veterans Hospital provided deficient care for a patient who killed himself a day after being discharged last year.

The report by the VA Office of the Inspector General found that hospital staff did not hold the man for an additional 72 hours, as they could have. The report also cited problems with discharge planning, follow-up and outpatient pharmacy care.

Wisconsin U.S. Sens. Tammy Baldwin and Ron Johnson requested the review.

The Wisconsin State Journal says the report doesn't name the veteran, but his mother identifies him as 24-year-old Robert Franks-Mess, a 24-year-old Marine veteran from Lake Mills.

In a statement, Madison VA Director John Rohrer says the hospital has started coordinating more with family members and county crisis services before veterans are discharged.

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1.5 - The Chippewa Herald: [Madison VA hospital's care deficient before veteran's death by suicide, report says](#) (7 August, David Wahlberg, 197k uvm; Chippewa Falls, WI)

Madison's Veterans Hospital provided deficient care for a mentally ill patient who killed himself a day after being discharged last year, according to a new federal report.

Staff didn't hold the man for an additional 72 hours, as they could have, and there were problems with discharge planning, follow-up and outpatient pharmacy care, says a report by the VA Office of the Inspector General.

"These deficiencies in care may have set the stage for progressive worsening of this veteran's (mental health) disorder that ultimately was a factor in his death by suicide," says the report, released last week after a review requested by U.S. Sens. Tammy Baldwin, a Democrat, and Ron Johnson, a Republican.

Robert Franks-Mess, a 24-year-old Marine veteran from Lake Mills, died by suicide on Feb. 18, 2017, after being treated at the Madison VA for depression, post-traumatic stress disorder and traumatic brain injury, said his sister, Dawn Franks-Mess, of Madison.

The federal report doesn't name Robert Franks-Mess, but he is the subject of the report, said his mother, Kathleen Franks, of Madison. She and Dawn Franks-Mess said they were interviewed by OIG investigators as part of the review, and the details of his treatment and death match those in the report.

Robert Franks-Mess, who served in the Marines from 2010 to 2013, was diagnosed with mental illness in 2014, his sister and mother said. As his symptoms worsened, he was hospitalized twice at the Madison VA in 2017.

On Feb. 17 of that year, after being in the hospital two days, he was discharged after a psychiatrist told Kathleen Franks to remove guns from their home, which she had already done, Franks told the State Journal. The next day, he used a gun obtained elsewhere to take his life.

"They definitely need to improve their care," Franks said. "Hopefully we can get the awareness out there, that there needs to be improvements within all of the VA facilities around the country."

John Rohrer, director of the Madison VA, said in a statement that the hospital has started coordinating more with family members and county crisis services before veterans are discharged.

"Unfortunately, in mental health and in all medicine, no set of policies or process will succeed in preventing every negative outcome," Rohrer said. "While we do not agree with every aspect of the OIG report, we continue aggressively to seek ways to improve our care."

The report says a psychiatrist considered holding the veteran involuntarily for 72 hours to protect him from self-harm, but thought he might react negatively and said he agreed to return for clinic visits. The doctor also believed the patient's main reason for coming to the hospital was "manipulative," saying he was trying to get a wrist surgery scheduled more quickly.

Franks said her son was withdrawn and feeling helpless, and clearly having a mental health crisis. When a nurse told her he was being discharged, she said she couldn't believe it.

"I said, 'Are you kidding me? Do you not see what kind of state he's in?'" Franks said. "I don't feel like I had a choice to talk with them and convince them that he needed to stay."

Dawn Franks-Mess said that other than keeping guns out of the home, there was little discussion about what the family could do to keep her brother safe. "I don't feel like we were given tools to help him," she said.

During the hospital stay before the suicide, the report said, the patient reported continued suicidal thoughts and didn't appear to be responding to treatment. "Although in hindsight, it would have been better not to discharge" him, the psychiatrist "had a clear and medically acceptable rationale for doing so," the report said.

Discharge planning and follow-up care were inadequate, the report said. Psychiatric clinical pharmacists didn't properly assess the patient's symptoms, evaluate his response to medication or monitor him for mood disorder and suicidal thoughts in the months before the hospital stay, the report said.

Similar deficiencies among psychiatric clinical pharmacists were found for another patient who died by suicide 13 months earlier, the report said.

The report also said the pharmacists acted outside of the scope of practice in changing diagnoses and providing psychotherapy.

In addition, inspectors cited "ethically questionable enrollment in a research study," saying the patient participated in a study but may not have been able to consent voluntarily, thinking participation was required as part of treatment.

Dawn Franks-Mess said the study involved taking lithium or a placebo, and the family later learned her brother was on the fake drug.

Robert Franks-Mess, who liked hunting, fishing and working on cars, had been outgoing and fun-loving before becoming withdrawn, his sister and mother said.

Shortly before his death, he started to help Lake Mills renovate its skateboard park, which he used growing up. That is where he was found dead, Kathleen Franks said.

"How many more families need to go through this before changes are truly made?" she said.

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2. Greater Choice for Veterans

2.1 - CNBC: Three civilians from Mar-a-Lago are reportedly making decisions for the VA (7 August, Yen Nee Lee, 26.1M uvm; Englewood Cliffs, NJ)

An "informal council" of three people who have neither served in the U.S. military nor hold government positions was found to exert "sweeping influence" on policies concerning America's military veterans, ProPublica reported on Tuesday.

The three are Marvel Entertainment Chairman Isaac "Ike" Perlmutter, a Palm Beach doctor named Bruce Moskowitz and lawyer Marc Sherman, according to ProPublica. The report said it

was based on "hundreds of documents obtained through the Freedom of Information Act and interviews with former administration officials."

All three men are members of Mar-a-Lago, U.S. President Donald Trump's private club in Palm Beach, Florida, according to the report. The trio spoke with officials from the U.S. Department of Veterans Affairs daily and reviewed "all manner of policy and personnel decisions," ProPublica said.

Perlmutter also talks to Trump regularly on the phone and is the first person the president calls on issues concerning veterans, the news outlet reported.

The White House, the VA, Marvel Entertainment and Sherman didn't immediately reply to CNBC's emails seeking comment. CNBC couldn't reach Moskowitz for comment through a publicly listed phone number.

Perlmutter, Moskowitz and Sherman told ProPublica — through a crisis-communication consultant — that they offered help and advice on a voluntary basis. They insisted they have no authority over the department's decisions, the report said.

White House spokeswoman Lindsay Walters told ProPublica the three "have no direct influence over the Department of Veterans Affairs," while VA spokesman Curt Cashour said "a broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half."

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2.2 - The Hill: Mar-a-Lago insiders provided input on VA policy, personnel decisions: report (7 August, Brett Samuels, 11.8M uvm; Washington, DC)

A trio of high-profile individuals with ties to President Trump's Mar-a-Lago golf club provided input and directives to staff at the Department of Veterans' Affairs (VA), despite never serving in government or the military.

ProPublica reported Tuesday that Marvel Entertainment chairman Ike Perlmutter, Palm Beach doctor Bruce Moskowitz and attorney Marc Sherman communicated daily with VA officials about personnel and policy decisions.

The news outlet obtained hundreds of documents that showed the three men suggested new programs and met with senior VA officials in Florida to advise them on the department's agenda.

ProPublica cited an instance where former VA Secretary David Shulkin clashed with Moskowitz over an overhaul of the agency's records system. Politico previously reported that Moskowitz objected to the project because he disliked the software involved. He later joined conference calls on the subject with White House approval.

In another example, Moskowitz urged the VA to start a national registry for medical devices, a cause he had championed for years, ProPublica reported. He joined officials on weekly conference calls to discuss the matter.

ProPublica cited an instance where Perlmutter wrote to Shulkin urging him to consider using private medical centers and trade groups to advise the VA on which resources to outsource.

Perlmutter, Moskowitz and Sherman issued a statement to ProPublica saying they offered their help "on a voluntary basis," adding that they "did not make or implement any type of policy... or direct government officials to take any actions."

White House spokeswoman Lindsay Walters told the news outlet that the three men "have no direct influence over the Department of Veterans Affairs."

The VA has been a focus of President Trump's, as he has repeatedly promised to deliver improved care for veterans.

However, the agency has already undergone multiple leadership changes during the Trump administration and been a source of reported dysfunction.

Shulkin was ousted earlier this year amid an investigation into ethical misconduct. He and Trump reportedly clashed over the privatization of the VA. During his tenure, he spoke out dealing with staffers who defied his leadership.

Robert Wilkie was confirmed late last month to serve as the new secretary of the agency after Trump's initial replacement pick, Ronny Jackson, withdrew amid scrutiny over alleged workplace misconduct.

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3. Modernize Our System

3.1 - Stars and Stripes: We can give GIs seamless, lifetime medical records (7 August, Rep. Jim Banks (R-Ind.), 1.5M uvm; Washington, DC)

When our servicemembers wear the uniform, they make a commitment to serve our country. In return, our country makes a commitment to them: to take care of our heroes when they come home.

This Congress has been the most productive in decades in delivering results for our veterans. We've sent bipartisan legislation to President Donald Trump's desk that brings accountability to the Department of Veterans Affairs, increases transparency in the timeliness and quality of care, and streamlines the broken appeals process for disability claims — and passed the largest expansion of GI Bill benefits since the original GI Bill was signed into law. The House has passed more than 70 veterans bills and 26 of those have been signed by the president.

Although we're delivering on our promises to our nation's veterans, Congress has an important oversight role to ensure the VA stays on track.

VA health care relies on an electronic health record, or EHR, system that, like so many other government IT systems, is falling behind the state of the art. While the current EHR was groundbreaking in the 1980s and its ability to share medical records among different VA hospitals was impressive, today it is increasingly starved of new capabilities. Its operations and

maintenance costs are \$1 billion per year and climbing, and its ability to communicate with the Department of Defense's system is far from seamless. When servicemembers become veterans their medical records still do not automatically follow them into the VA. Similarly, when the department refers veterans to private providers in their communities, far too often the only way to transfer records is by fax.

Outside experts have been recommending for years that the VA and the DOD implement the same commercial EHR system. In May, the VA began the largest EHR modernization program in the country and signed one of the largest IT contracts in the federal government— following the DOD, which did so in 2013. This multibillion-dollar, 10-year effort, if properly implemented, will modernize not just the VA's EHR system, but the way health care is delivered, making its quality more consistent around the country. It will finally achieve the decades-old goal of a seamless, lifetime health record from enlistment to old age.

The key caveat is this transition must be managed properly. The VA has a long and troubling history of IT mismanagement, and even under the best of conditions in the private sector EHR transitions are usually bumpy.

The EHR modernization has huge potential to be disruptive, and its failure would be catastrophic to both veterans and taxpayers, which is why Congress must exercise extraordinary oversight. That's why last month, the House Committee on Veterans' Affairs created a new subcommittee on technology modernization dedicated to the task.

I'm pleased to announce that the subcommittee will hold our first hearing on Sept. 13. The focus of this hearing will be on the role of the Interagency Program Office. The IPO was created by Congress to act as the single point of accountability for the DOD and the VA to implement a fully interoperable electronic health record system. Ten years later, we're still discussing ways to achieve interoperability, so this development has been anything but rapid. While the IPO can and should be a powerful force for good management, it's clear it is not being utilized to its full potential. We must ensure the IPO has the authority to carry out the mission Congress gave it. Close collaboration between the DOD and the VA is absolutely essential in order to achieve a seamless, lifetime medical record, and the IPO is the best forum to ensure that collaboration.

I was honored to be chosen as chairman of this important subcommittee, and I commit to veterans and taxpayers to ask the hard questions. Far too often Congress only finds out a government program is failing when it has already become a crisis. I am determined to do all I can to make sure that is not the case; I pledge to monitor this program every step of the way. Furthermore, Congress and the VA must remain focused on the actual needs of veterans and the dedicated VA employees who care for them. EHR modernization for the sake of EHR modernization is not good enough.

Finally, partisanship has no place in this issue, and it would be a shame to allow it to creep it into the discussion. The VA's EHR modernization will span multiple administrations and Congresses, as the DOD's already has. The House Committee on Veterans' Affairs has distinguished itself for constructive bipartisanship, and I am proud to continue this tradition.

Rep. Jim Banks, an Indiana Republican, is chairman of the House Committee on Veterans' Affairs subcommittee on technology modernization.

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3.2 - WBTV (CBS-3): [Salisbury VA to open new clinical laboratory and ICU](#) (7 August, David Whisenant, 319k uvm; Charlotte, NC)

SALISBURY, NC - A special ribbon cutting will be held on Wednesday for the new clinical lab and ICU at the W.G. "Bill" Hefner Veterans Administration Medical center in Salisbury.

The new Salisbury VAMC clinical laboratory is a full-service lab that supports the inpatient hospital, the operating room, outpatient clinics, oncology clinic, dialysis and two free standing Health Care Centers.

The new facility will support a population of nearly 89,000 veterans, according to the VA.

The ICU unit is increased from 5 beds to 10 beds with private rooms.

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3.3 - WJCT (NPR-89.9): [Outpatient Health Clinic For Veterans Will Open In Orange Park](#) (7 August, Cyd Hoskinson, 54k uvm; Jacksonville, FL)

Military veterans in Clay County are getting a new Veterans Administration outpatient health clinic.

76-year-old Gary Newman started the Clay County chapter of the Vietnam Veterans of America. He said right now, the thousands of veterans who live in the area have to go to the VA clinic in Jacksonville for routine health care.

"Most of us World War II and Vietnam veterans, Korean veterans, we're at an age where travel is pretty hard for us sometimes," said Newman.

Newman said many Vietnam vets have chronic heart and respiratory conditions brought on by their exposure to Agent Orange, a chemical that was dropped from airplanes.

"There were other issues, too. There were burn pits where they burned human waste in these big barrels. And the smoke—many of the veterans were exposed to that," Newman said.

Newman's organization worked with Northeast Florida Congressman Ted Yoho to convince VA officials that the new clinic in Orange Park is needed.

The VA is renovating a two story building on College Drive. It's expected to open in 2020.

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3.4 - VC Daily: [Military Telemedicine Extends Its Reach to Teletherapy for PTSD](#) (7 August, Charlotte T., 2k uvd)

Post Traumatic Stress Disorder is like a terrible echo of life-threatening events from the past. Its sufferers—and there are thousands of them across military and civilian life alike—can become haunted by memories of moments when they or their loved ones were faced with grave danger.

It can leave them unable to sleep, feeling detached or isolated from the world around them, easily startled or irritated, and, in some cases, subject to intense flashbacks that make the sufferer feel like the event is happening again.

Despite those horrors, PTSD, as it is commonly known, is treatable. One of the most successful treatments is based around talk therapy, or psychotherapy, which relies on regular, guided conversation.

In an effort to make those conversations more accessible to veterans, one former-soldier-turned-psychologist is incorporating video conferencing into PTSD treatment. His use of teletherapy for PTSD could pave the way for sufferers to receive treatment without leaving their homes and improve early detection of the disorder.

Teletherapy for PTSD

The veteran in question is Blake Schroedter, whose 17 years in the military included tours in Afghanistan and Iraq. Now, he is the head clinical psychologist of a new

program at Rush University Chicago called Road Home aimed at helping veterans cope with the symptoms of PTSD and other mental health issues.

Dr. Schroedter started the program in part because of his own difficulties transitioning back to civilian life after years of service. He recently told the Shelbyville Daily Union that veterans need to be given time to decompress and process their combat experiences once they return home.

To aid that process, the Road Home program offers an intensive trauma program every month. Dr. Schroedter's group invites 12 veterans from all over the country to attend and treats and houses them at no cost.

Importantly, the initial contact between the Rush team and potential patients is over video conference. In Dr. Schroeder's own words, video helps break down barriers that would otherwise prevent veterans from seeking help and saves both time and money.

Unfortunately, due to legal telemedicine restrictions, the program itself cannot be conducted over video conference from outside its home state, but there is hope that could change.

Veterans' Affairs Video Conferencing

Over the course of an hour-long, face-to-face video conference, the Rush University team can assess a potential patient's mental health and determine their suitability for the Road Home program.

That efficient way of bringing together a remotely located expert and a person in need is possible due to video conferencing's ability to recreate the in-person experience over a distance. Scientific studies in other areas of medicine have proven that remote treatment over video can be as effective as an in-person visit—VC Daily has previously highlighted studies into remote treatment for addiction, anxiety, and phobias.

The success of those studies makes it a greater shame that the Road Home program can't currently be made available outside of Illinois.

If it were run under the banner of the Department of Veterans' Affairs, however, it would be open to all. The Department's public status grants it an exemption, and it has been a strong supporter of telemedicine—in 2016 the VA spent \$1.2 billion on telemedicine research and delivery.

Perhaps Dr. Schroedter's combined work in teletherapy assessment and the Road Home project itself could encourage the VA to follow suit with its own version. And, seeing as PTSD also affects the civilian population, his work could be incorporated into existing commercially available teletherapy sites.

Online Video Therapy Anonymity

The chief asset that video conferencing provides the medical field is accessibility. That's true in both a physical sense—people in remote areas need only a webcam and a laptop to potentially reach expert medical opinions the world over—and in an emotional sense. The ability to seek help from the privacy of your own home, and to do so at a time that fits your *Statistics on civilian ptsd lifestyle*, offers a degree of anonymity that a trip to the local clinic can't provide.

Given that most cases of PTSD in the civilian world stem from childhood trauma and deeply personal events such as sexual assault, sufferers may be more open to seeking help if they can do so on their own terms.

Dr. Schroedter is already assessing people online, and web-based counseling services such as TalkSpace offer wholly virtual therapy that builds from text to face-to-face meetings.

We are still learning how the digital communication technologies of today can best be deployed in the healthcare field, but their core function of bringing people together over time and distance offers a unique access point to deeply sensitive issues.

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4. Focus Resources More Efficiently

4.1 - Stars and Stripes: [VA secretary to announce new leader for DC hospital](#) (7 August, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs secretary plans to announce a new, permanent leader for the Washington veterans hospital in the coming weeks after conditions at the facility were reported last month to have deteriorated to a critical level.

VA Secretary Robert Wilkie, who's been on the job for one week, visited the Washington DC VA Medical Center on Monday to meet with hospital leaders. In a statement after his visit, the VA announced it found a new leader for the facility who will begin work "in the near future."

In July, a senior VA health official warned the hospital's administration that they were under review because of deteriorating conditions there during the first half of 2018. The hospital was found not to be improving fast enough, despite VA executives intervening more than a year ago.

The Washington hospital, located in northwest Washington just a few miles from VA headquarters, has been under scrutiny since April 2017, when Inspector General Michael Missal warned VA officials that veterans were being put at unnecessary risk because of supply shortages. The warning prompted then-VA Secretary David Shulkin to fire the hospital director, Brian Hawkins.

Since then, the hospital has been led by two temporary directors, retired Army Col. Larry Connell and Adam Robinson, director of the VA Maryland Health Care System.

Connell, who previously worked on President Donald Trump's transition team and as an adviser to Shulkin, led the Washington facility for one year. He was reassigned in April amid an investigation into whether his appointment to the position broke federal protocols.

Robinson was assigned to lead the Washington hospital for 120 days, which ends this month. He will return to his position in Maryland, the VA said. Hospital Chief of Staff Charles Faselis will take over for two weeks until the permanent director steps into the job.

The VA did not give any further details Tuesday about when the new hospital chief would be named.

Last week, an anonymous group of employees at the Washington hospital sent a letter to Wilkie and other top VA officials, urging them to take action to improve conditions there.

"We ask you, our respected leaders, to stop this cover up and incompetence, to really care and live up to America's promise to its heroes," they wrote. "Enough is enough."

During its investigation, the Office of Inspector General discovered a culture of complacency at the Washington hospital had allowed widespread failures to persist for years.

Since the results of the investigation were released in the spring, inspection reports from the Food and Drug Administration and the VA's National Program Office for Sterile Processing have revealed ongoing problems. The reports, obtained by Stars and Stripes, detailed instances of dirty syringe bottles, unsanitary conditions, rooms in disarray and staff and supply shortages that led to canceled procedures.

On Monday, the VA said the hospital had addressed six of 25 recommendations that the inspector general issued for improving the facility. Wilkie said there had been "substantial improvements" and that hospital leaders "have a strong plan ahead for even more progress in coming weeks."

"We had a good visit today, and I appreciated hearing from facility and regional leadership on the important work that has been done to address the inspector general's concerns, as well as plans for resolving all its remaining recommendations," Wilkie said in a statement.

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4.2 - WFED (AM-1500, Audio): VA's former acting CIO reflects on his tenure (7 August, Freshta Mohammad and Sean Kelley, 854k uvm; Washington, DC)

This Trump Administration has seen a great deal of turnover in career senior executives. The Veteran Affairs Department has definitely seen its share. For this month's show, Cyber Chat's host Sean Kelley sat down with a reflective Scott Blackburn. Blackburn served in many capacities while at the VA, including executive in charge of Secretary Robert McDonald's MyVA Initiative, acting deputy secretary of VA and acting CIO.

Blackburn graduated from both MIT and Harvard and is an Army Veteran and a partner at McKinsey. He comes from a family of veterans and he is a disabled veteran, himself. He says he chose to work at VA because he "was called to serve."

Blackburn's leadership ushered in a great deal of progress in Information Security. He credits the leadership of the Dom Cussatt, VA's chief information security officer (CISO) and the Enterprise Cyber Security Plan as some key pieces of the success.

Blackburn said VA's cyber program is robust. "The past year, they handled 220 million intrusion attempts, 50 million blocked or contained cases of malware, and 366 million suspicious emails that have come into the system to name a few." He said sustainment is the key to having the Agencies Material Weakness removed.

Blackburn said it's difficult to attract the highest quality CIOs and CISOs because the federal government won't offer the highest salaries. But it will never happen without an overall federal strategy to attract but also maintain IT leaders.

"[Leadership drain] happens in the private sector, but I have never seen it like this ... it is a reality of government," Blackburn said. "Any leader coming in can't sit back for six months. You have to get up to speed very quickly. You have to trust the career employees. Where do you want to make change that really matters?"

Blackburn said he is "most proud of always putting the veterans first. VA is now more veteran-centric than it was four years ago. It is more principle based rather than rule based."

Blackburn's message for the folks who still work at the VA: "Keep pushing."

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4.3 - Johnson City Press: Mountain Home National Cemetery director resigns amid health crisis (7 August, Becky Campbell, 194k uvm; Johnson City, TN)

When Mountain Home National Cemetery Director Jeny Walker and her staff accepted a national award for excellence last week, it was a professional high for her and the team.

It was the second of three awards given by the National Cemetery Administration in her three years directing the cemetery. Walker oversaw a massive expansion project and established an outreach program more inclusive of the community.

Mountain Home National Cemetery has been in the news over and over under Walker's tenure.

Last week's award was given during a ceremony to announce a new project at the cemetery — a corresponding metal arch on the corner of the cemetery across from the Washington

County/Johnson City Veterans Memorial that will say “Where Heroes Rest.” The arch at the memorial says “Freedom Is Not Free.”

But less than 24 hours after that announcement and award, life came at Walker like a brick wall. She thought she was having a heart attack and called 911 around 4 a.m. on July 31.

It wasn’t a heart attack.

Instead, what came out of a doctor’s mouth after hours of tests was that she had a very aggressive form of cancer that had already metastasized in three places.

Walker, 61, had survived lymphoma 15 years ago through the traditional methods of treating cancer, and she said she has no desire to go through that fight again because of the side effects of chemo.

When the doctor said it was terminal, Walker made a big decision. Instead of spending her last days — the doctor gave her three months because of how aggressive the cancer is — suffering through chemo or radiation, Walker decided to plan a trip and mark a few things off her bucket list.

Yes, she is still coming to terms with her diagnosis, and she’s traveling the rollercoaster of emotions that comes with a fatal diagnosis. But her intent is clear — she’ll do anything within her power to not leave this world with things unsaid or undone.

Pretty quickly after the diagnosis, Walker resigned her position and left the helm to a recently hired assistant director. She set about calling close friends with the news, then called a staff meeting last Friday to tell her employees what was going on. Needless to say, everyone was shocked.

Walker, too, feels the shock, but has come to terms with the diagnosis.

“I’m pretty resolved,” to the diagnosis, Walker said on Tuesday. “It is what it is. I could sit in bed and be bitter and wait to die. I’m not sitting and waiting on it. I want to go as long as I can, as far as I can.”

And if she’s no longer able to go, Walker said, she’ll return to her hometown of Raleigh, North Carolina, for whatever time she has left. Walker said she’s been amazed at the outpouring of support from the Johnson City community as well as areas where she’s previously lived.

“So many people have expressed love,” she said. “I want to say ‘thank you’ to the community. This community has opened their arms and hearts to me. The veterans have embraced me, the organizations have embraced me as well as the cemetery. I’ve made some of the closest friends I’ve had in my life. It’s been fabulous, probably the best three years of my life.”

Walker said the past 15 years were a “gift” she’d had and she’s made the most of it. During her first round with cancer, Walker said she did a lot of personal growth and gained a different perspective on life.

“Some people would call it borrowed time,” she said. “I’ve had a very blessed life ... I learned to guide my life with an open heart, to always be kind and to always be honest.”

Sure, she's angry, but not about what most might think. She's angry "I had to leave a job I love."

Walker said she appreciates the National Cemetery Administration for "letting me do it my way, for giving me a great opportunity. I've helped a lot of people and a lot of veterans. That's the reward."

One thing Walker said she tells her grandchildren is "learn something new every day. You have to look for that message every day."

Walker takes that message to heart and said she's still learning and growing as a person — and she'll continue following that path until her journey ends.

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4.4 - Williamson Daily News: [Hershel 'Woody' Williams VA, local professionals discuss vets' mental health](#) (7 August, Bishop Nash, 24k uvm; Williamson, WV)

HUNTINGTON - The Hershel "Woody" Williams VA Medical Center in Huntington hosted its sixth annual mental health summit Friday afternoon, meeting jointly with outside mental health agencies toward serving their common goal in creating better lives and conditions for the area's military veterans.

The summit brought under one roof voices from across the region's mental health sector, such as the Prester Center and Marshall University, to coordinate their often overlapping and interwoven efforts, discuss what may or may not be working, identify any gaps in service, and to hear first-hand feedback from veterans themselves.

"I think we're doing great mental health care here in Huntington, but you can always do better," said Chuck Weinberg, VA local recovery coordinator. "So we've giving the message to veterans that we're on an improvement program too."

"The mental health summit affords partners the opportunity to learn more about the experiences and behavioral health needs of area veterans and their families," added Kim Miller, Prester Center director of development. "It's a great opportunity to network and share information about our programs and services."

Veterans are not beholden to seeking care from the VA system, making it important for outside mental health providers to understand and stay up-to-date on the needs of the veterans they mutually serve, said Kim White, assistant professor of social work at Marshall University and U.S. Navy veteran.

"It's one thing to offer services, but it's very important for a service provider to understand veteran culture as sort of a subculture to our larger culture," White said.

Post-traumatic stress disorder has long been the most talked about and troubling mental health issue affecting veterans since the Vietnam War, but White pointed out current issues surround problems in fully acclimating a veteran back into civilian life.

Regionally, these issues primary to veterans often intersect with existing widespread mental health problems in Appalachia, such as addiction and a poor economy.

"We're in an economic situation that isn't always conducive to immediate employment when you (as a veteran) may be used to being in charge, being a leader and being paid what you're worth," White said. "To have to come back into civilian society, it can be very difficult for people and the heads of households to not be able to find a job quickly when they return. And that can be devastating for a person's identity."

The Hershel "Woody" Williams VA Medical Center serves nearly 30,000 veterans in 10 counties in West Virginia, 12 counties in eastern Kentucky, and two counties in southern Ohio from its 80-bed facility off Spring Valley Drive.

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5. Improve Timeliness of Service

5.1 - MLive: Wurtsmith base water may have caused veteran cancers (7 August, Garret Ellison, 10.9M uvm; Ann Arbor, MI)

OSCODA, MI -- Drinking water laced with high levels of poisonous chemicals may be to blame for cancer and other chronic disease among veterans and families who lived at Wurtsmith Air Force Base in northern Michigan, according to a new federal health report draft.

That conclusion, reached in July by the Agency for Toxic Substances and Disease Registry (ATSDR), sets the table for Congress to consider legislation that would force the Department of Veterans Affairs to extend health benefits to base veterans without making them somehow prove their illnesses are linked to chemical exposure.

No bill has yet been introduced, although U.S. Rep. Dan Kildee, D-Flint, says he's working on legislation similar to that which forced the VA to cover similar health claims at Camp Lejeune in North Carolina, where drinking water was contaminated with chlorinated solvents.

Those same chemicals, notably benzene and trichloroethylene (TCE), were documented at extremely high levels in Wurtsmith water when the former B-52 bomber base was active.

"We must do more to help veterans exposed to harmful chemicals during their military service," said Kildee in a statement. "It is troubling that veterans may have a higher risk of cancer and other health effects if they were exposed to TCE and other harmful chemicals."

"This report's findings demonstrate that all levels of government must do more to help veterans get the health care they need," he said.

The ATSDR report concludes that people who consumed or had skin contact with Wurtsmith water "may be at an increased risk for cancer." The finding is based on new lower risk levels for exposure to TCE and benzene than were used in a 17-year-old assessment, which called it "unknown" whether past contamination posed a hazard.

The updated report conclusions are based largely on long-term exposure over a period of years, but note that, for pregnant mothers, even short term exposure to TCE during the first trimester could have resulted in heart birth defects in their baby children.

The base opened in 1923 and closed in 1993. TCE was found in Wurtsmith water in 1977, but the report notes the drinking water wells on base "could have (been) contaminated for many years before the initial discovery." All wells were shut down by 1997, when the base switched to a municipal system which draws from Lake Huron.

The Air Force installed a groundwater treatment system to cleanup TCE in the early 1980s after being sued by the state of Michigan.

The ATSDR looked at past levels of TCE and benzene, but did not consider exposure to per- and polyfluoroalkyl substances, or PFAS, contamination caused by base firefighters using chemical-based firefighting foam. The chemicals were found in Wurtsmith groundwater in 1998 but did not get significant attention until the state issued a local advisory for well owners in 2016.

According to the ATSDR, TCE levels in a well at the corner of Arrow Street and N. Skeel Avenue were as high as 5,173 parts-per-billion (ppb) during a 1977 test -- more than 1,000 times the EPA's current limit of 5-ppb for TCE in drinking water. TCE in another well on Jet Street near the present day Wurtsmith museum was 1,739-ppb.

"When it's all said and done, I think the exposures to TCE and vinyl chloride up there are going to be higher than Camp Lejeune," said Jerry Ensminger, a veteran who spearheaded the effort to get health benefits at Lejeune after the death of his daughter, Janey.

Ensminger began pushing for exposure-related benefits in 1997. In 2012, Congress passed a law named after his daughter that forced the VA to automatically presume diseases like adult leukemia, bladder, kidney and liver cancer, Non-Hodgkin's lymphoma and Parkinson's disease were caused by base water exposure.

As with Wurtsmith, the initial ATSDR public health assessment of Lejeune contamination lowballed the exposure concern. It was eventually updated in 2009. The Veterans & Civilians Clean Water Alliance group of Wurtsmith veterans and families pushed the ATSDR to update the base report last year. Ensminger likened the hurdle to awaiting formal diagnosis of an obvious problem.

"You know your house is on fire. You see the fire and the smoke, but your house is not 'officially' on fire until the fire department gets there and says so," he said. "That's the same thing with these contamination sites and toxic exposures. You need an official to come in and say, 'yea, they were exposed at harmful levels.'"

"Now, somebody has to go to Capitol Hill."

Kildee said he's working both sides of the aisle for bipartisan support on a Wurtsmith bill, but did not offer a timeline or specifics. Congress has been appropriating money to address contamination at military bases recently, but those funds are specifically tied to PFAS exposure.

The cost of extending presumptive benefits to Wurtsmith veterans could be high. The VA estimated last year it will pay \$2.2 billion by 2022 to Lejeune veterans under the new program, and that doesn't include coverage for certain civilians and family members.

Wurtsmith veteran Scott Flannery of Manassas, Va., lived on base in the late 1970s. He's considered completely and permanently disabled after a 32-year military career.

Flannery, who helped push for the health assessment update, said he's glad that everything has "come to fruition" but also hopes the federal government will "do the right thing with the issues affecting them now with the firefighting foam."

"I'm hoping all the best for all those who could have been potentially affected," Flannery said.

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5.2 - Billings Gazette: [Veteran finds pain relief without pills through rehab and therapy with Billings naturopaths](#) (7 August, Susan Olp, 854k uvm; Billings, MT)

Casey Jourdan, a veteran of the Iraq War, is no stranger to pain.

She spent six years in the Montana National Guard, and was deployed in Iraq for a year, starting in 2003. She primarily worked as a turret gunner doing convoy security.

On April 13, 2004, she was wounded in a roadside bombing. It left her with permanent joint and nerve damage in her left shoulder, elbow and wrist.

An X-ray didn't reveal the separation in her shoulder, which was discovered later. And since Jourdan didn't sustain any injuries from shrapnel and no bleeding, she decided to stay with her company.

The X-ray also couldn't reveal that Jourdan had developed PTSD and a traumatic brain injury. When she came home to Montana and enrolled at Montana State University, the combination of the two led her to drop out.

She sought therapy for her PTSD, and the depression and anxiety that came with it. But the TBI caused visual spatial damage, which impaired her ability to read, a connection Jourdan didn't figure out until five years after she was discharged.

It forced her to re-learn that most basic skill, and she still deals with other TBI-related issues.

"I have short-term memory issues, and I had to learn to read again," Jourdan said. "From a near-photographic memory, now I can't tell you what I ate for breakfast today."

She spent much of her time seeing doctors to deal with her medical issues. Through the VA medical system she got shoulder surgery to try and regain some feeling back in her hands.

She praises the level of care she got, but her treatment was spread among different physicians.

"I saw one doc for shoulder stuff and his answer was either pain pills or ibuprofen and therapy," Jourdan said. "I had another doc for occupational therapy for TBI and meds for anxiety. And a third doc prescribed antidepressants and mental health therapy for PTSD."

Eventually she moved to Billings, where she earned a bachelor's degree in political science and a master's degree in mental health counseling. Jourdan is self-employed and does CrossFit coaching.

She went to Yellowstone Naturopathic Clinic as an alternative to pills, which she avoided, to find relief for her chronic shoulder pain. Chiropractic care and massage therapy decreased the pain and rehab helped her get back in the gym, to get more active.

"I went through weeks of chiropractic care and massage therapy as part of dealing with my chronic shoulder pain, and it made a big difference for me," Jourdan said. "It really got my pain into a much more manageable area."

Now, she'd like to see more veterans try the naturopathic route. And if the care isn't covered by the Veteran's Administration, then a foundation created in honor Paul Gardner, a vet who accidentally overdosed on pain medication, will pay for the treatment.

Jourdan knew Gardner, who was a good friend and helped her come out of her shell when she moved to Billings. Like Jourdan, Gardner had a TBI and some nerve damage.

"His injuries were a bit worse than mine, but he was working hard, getting physically and emotionally better and trying to really put his life back together," she said.

Through his death, the foundation was born. Jourdan, a member of the board, and the others involved with the nonprofit, hope other veterans, with the foundation's help, will find answers to their pain so they don't suffer the same fate.

"We want to show that if we take a more holistic approach to all these problems, we will get a better-long term outcome," she said.

Developing the program

The treatments are part of a pain clinic developed by Dr. Margaret Beeson, naturopath and founder/owner of the Yellowstone Naturopathic Clinic, and Patricia Holl, a chiropractor at the clinic. The concept for the Yellowstone Pain Relief Center began before the focus turned to helping wounded veterans, Beeson said.

Many of the treatments already were available, including chiropractic care, regenerative injection therapies to spur ligament healing, acupuncture and therapeutic massage, among others. The idea was to bundle them to help patients who relied on drugs, including opioids, for pain relief.

"We decided we were going to take people on paid meds struggling to get off them," she said. "We'd review their cases and come up with a four- to six-week treatment program to show them they could reduce their meds."

In the middle of planning for the new center in March 2011, Beeson met with George Blackard, who worked with the clinic on IT issues. Blackard, who also is commander of American Legion Andrew Pearson Post 117, told Beeson that a young vet — Paul Gardner — had died the night before of an accidental overdose.

Beeson and Holl thought the pain clinic might be a good fit for veterans like Gardner. They worked with Blackard and Gardner's family to create a foundation to help fund treatment for vets.

The VA referred to the clinic quite a bit, and at that time it was paying for chiropractic and massage and some acupuncture, Beeson said. But it wouldn't cover the injection therapy, and now doesn't cover some of the other treatments.

To help vets seeking non-narcotic options for rehabilitation and pain relief, the Paul Gardner Veterans Pain Relief Foundation was formed.

"Then we decided 'let's do a study to see if we can show these things can help vets get off their drugs,'" Beeson said.

The goal of the study was to evaluate if a multi-treatment approach to healing low back pain could indeed reduce pain, decrease pain medication use and increase quality of life for vets enrolled in the study. It was open to participants ages 20-40 who had been deployed in the Iraq or Afghanistan wars.

They had to meet certain qualifications and agree to take part in all the screenings and treatments. To date, seven vets have taken part in the study, and Beeson and Holl hope that number will continue to grow.

Regardless of whether vets qualify for the study, the foundation will cover the costs of their treatment at the clinic.

"We told vets 'we will serve you no matter what,'" Beeson said. "If they don't fit in the study, we will make sure they get the treatment they need."

Holl, who oversees the vets' therapy, sees the many challenges they face, calling them a fragile population.

"They come here and have other crises because they have injuries and a dependency on opioids," she said. "They can't keep jobs, their family breaks down and it cascades in a downward spiral. That's what we're trying to help."

For vets who are willing to commit themselves to completing the treatment, Holl has seen a positive result.

"I've gotten letters from some of the attendees thanking us for helping them get their lives back," she said. "The patient who walks in the door on day one and the one who walks out the door at the end is different. It's striking."

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5.3 - WZTV (FOX-17): Viral photo of Tennessee veteran on VA hospital floor sparks outrage (7 August, Kaylin Jorge, 484k uvm; Nashville, TN)

MURFREESBORO, Tenn. - A photo showing a veteran passed out on the floor at a middle Tennessee Department of Veterans Affairs hospital has sparked outrage and continues to go viral.

However, the VA is saying the story being shared on social media isn't what transpired.

FOX 17 News spoke with Gail Hobbs, who took a photo of her brother, Tony Sims, passed out on the floor at Murfreesboro VA. It's been liked and shared more than 300,000 times in just three days.

Gail, who has been taking care of Tony since April, said she took Tony to the Murfreesboro VA on Thursday, where he had blood work and a urine sample taken. According to Gail, despite Tony feeling very ill, the doctor told them both that he was "OK," but the doctor wanted to do an MRI.

After the MRI, Gail and Tony said they waited in a room that did not have a bed. Gail told FOX 17 News she repeatedly asked the doctor for a bed so that Tony may lie down because he was very tired, but the doctor allegedly said he couldn't be admitted, therefore not getting a bed, because he was not sick.

Tony was also cold and asked for a blanket, which nurses brought to him, according to Hobbs. Tony put the blanket on the floor and went to lay down, but Gail said he passed out before he reached the floor.

That's when she took the viral photo, captioned, "This is my brother Tony Mims laying in the floor at VA Hospital in Murfreesboro the Dr wasn't sure if he was sick enough to be admitted to hospital we waited eight hours for them to put him in a bed he can't even walk he deserves better treatment he served his country."

As of Monday afternoon, the post had been shared more than 232,000 times with more than 103,000 likes.

Gail said the nurses immediately came to Tony's aid after he was on the floor.

"The nurses were wonderful," Gail said over the phone.

The next day, Gail said Tony visited another doctor at the hospital who diagnosed him with pneumonia. When Gail asked how the doctor found that out, they replied, "by a simple swab of the nose."

Gail says Tony's previous doctor didn't look into anything other than his blood work, urine sample and MRI.

"I don't blame the VA, the VA has a long way to go to be perfect, like everyone," Gail said. "But you can't lump everything together."

Gail says she only blames the doctor who she believes didn't give Tony proper care. Gail didn't want to go on camera, and said she was overwhelmed with the amount of attention the photo has gotten. She says she didn't do it for the publicity, but to get her brother proper care.

Officials from the local VA, including the Murfreesboro VA director, met with Tony over the weekend. Gail is hoping to have Tony in a nursing home by the end of the week.

Meanwhile, FOX 17 News reached out to the local VA and received the following response:

As soon as we learned of this photo on Friday night, we immediately reviewed the Veteran's medical record and have since spoken to the Veteran personally. Our review determined that the facts are much different than what's presented in the Facebook post.

Tony Mims was admitted to VA Tennessee Valley Healthcare System August 2, the day the photo was taken. During a ten-minute wait for his provider to return to his exam room, Mims said that his sister, who had accompanied him to his appointment, helped him move to the floor of the exam room because he was tired. Mr. Mims estimated he was on the floor about ten minutes before a provider returned.

Mims is now an inpatient in our facility and he is being well taken care of. Our medical center director has visited the patient and has his assurance that he received good care and has no complaints.

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5.4 - The Telegraph: [Veterans serving veterans: County program fosters readjustment after service](#) (7 August, Jill Moon, 160k uvm; Alton, IL)

WOOD RIVER — A pair of U.S. Army combat veterans are working together on two fronts to help discharged and retired veterans of any military branch, discharge type and era.

Veterans' Assistance Commission (VAC) of Madison County Supervisor Bradley Lavite and Vet Center readjustment counselor Nathan Ferguson started a two-pronged VAC/Vet Center Group Outreach program that works toward a single goal of assisting veterans navigate the complex veterans health care and benefit system through the federal Veterans Health Administration and Benefits Administration, both under the U.S. Department of Veterans Affairs. Lavite and Ferguson aim to provide consistency in their approach to help veterans readjust and maintain a healthy stable life.

Lavite works on the benefits administration side, assisting veterans with complicated Veterans Administration (VA) benefits paperwork and disability filings. Ferguson works on the health administration side and provides one-on-one mental health counseling, as well as readjustment counseling for groups of veterans.

"When working on the benefits administrative side, we weave the question into every conversation, 'Have you met with the Vet Center?'" Lavite explained. "They can get in to be seen one-on-one, free of charge, for readjustment or other counseling services. The federal government foots the bill. These are free services sitting here — paid for — for veterans to access and use immediately within the community. Veterans don't have to register, they don't have to have a medical card or insurance. It's all free, because they served."

Lavite and Ferguson began working together in 2015 to combine their expertise from their respective fields to maximize and capitalize on the various benefits and counseling services veterans receive throughout Madison County. Lavite provides a complex roadmap created specifically for each individual veteran and Ferguson helps those individuals navigate that roadmap specifically on the counseling side of things.

Counseling provided by the Vet Center is strictly confidential and in accordance with HIPAA laws, addressing mental health issues, such as post-traumatic stress disorder, anxiety and readjustment.

"Readjustment is a primary focus because veterans in general — not just combat — have issues readjusting to numerous things in life," Ferguson said.

Ferguson works for the federal Vet Center in East St. Louis and does outpatient clinical therapy at various Vet Center satellite locations, now including Von Dell Gallery, located at 102 E. Ferguson Ave. in Wood River. Ferguson is on site starting at 9:30 a.m. on the fourth Wednesday of each month in Wood River.

"A veteran can walk into any of those location, there's no screening or pre-registration required," Lavite explained about each satellite VA center.

Consistent at each meeting and location is a counseling component, led by Ferguson, which goes along with Lavite's component of navigating benefits administrative requirements, such as understanding the VA disability and compensation process and filling out the plethora of forms.

Both Lavite and Ferguson, as well as their individual offices, spend numerous hours connecting veterans to resources and following-up with them to ensure that they are successfully navigating the numerous systems. Individual one-on-one appointments are available from 1 to 3:30 p.m. at each outreach location, as a convenience to the veteran and to those who may not have stable transportation. A delegation of local Madison County, Illinois, veterans established the VAC in 1933 for the singular purpose of assisting veterans in need.

Veterans who are active and participate in any of the VAC/Vet Center Group Outreach also has the opportunity to engage in a Von Dell Gallery art class provided by the VAC. Art classes give members of veteran groups a chance to maintain camaraderie in a laid-back, non-clinical environment; express themselves through art; and, complete a project to take home.

At this time, the VAC is planning to have quarterly art classes for those veterans who are active and participate as part of any of the established groups. The program's first quarterly art class at Von Dell occurred approximately three weeks ago, with the group taking instruction from award-winning artist Terry Diveley in his leathering art class. Diveley teaches the art of leather tooling and painting tooled images once pounded into a piece of leather.

The VAC/Vet Center Group Outreach meetings at the Von Dell Gallery are held on a re-occurring monthly basis, while the art classes are held on a quarterly basis and actively participating veterans are pre-registered by the VAC.

Lavite and Ferguson will hold the first monthly Wood River group outreach meeting, which is open to all veterans, at 9:30 a.m. Wednesday, Aug. 22, at Von Dell Gallery. After the veterans group outreach portion, veterans have the option of hanging around for Diveley's leather pictorial class, which he offers free to the general public from 11 a.m. to 3 p.m. every Wednesday.

Diveley asked that interested people please register by calling Von Dell Gallery at 618-251-8550 to make sure there are enough tools for each student. Von Dell Gallery, owned by Gary Conrad, of Grafton, currently offers 14 different painting classes to the general public for a reasonable fee.

Diveley, of Bethalto, leases a studio at Von Dell Gallery and teaches regular open-to-the-public classes at the gallery. He is just one of many talented regional artists who teach and/or lease a studio at Von Dell. The art classes offered at Von Dell Gallery are all instructed by different artists who highlight each of their specific medium. Visit www.vondellgalleryandstudios.com for a complete list of classes and more information. Follow Von Dell Gallery on Facebook @vondellgalleryandstudios.

To get plugged into a VAC/Vet Center Group Outreach, set up a one-on-one appointment or for additional information about the art program, call the Veterans Assistance Commission at 618-296-4554. Follow the Veterans Assistance Commission on Facebook @mcVeterans for more information.

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5.5 - WMFE (NPR-90.7, Audio): [Intersection: The Road To Better Care For Veterans](#) (7 August, Brenda Argueta, 70k uvm; Orlando, FL)

One of the challenges facing Veterans after their service is getting access to healthcare. Veterans Affairs secretary Robert Wilkie, who was sworn in last week, will address American Veterans tomorrow at the group's annual convention in Orlando. Improving access to healthcare is one of the issues the service organization is looking to Wilkie to address.

Sherman Gillums Jr., AMVETS chief strategy officer says the VA secretary is "responsible for delivering on a country's promise."

"This is the first time we're going to see him as secretary talking to these people about his agenda, his ideas on how to address some of the issues we've all heard about for years and we're going to also have some time to talk to him one-on-one," Gillums Jr. says.

"I've come to expect more that we will be proactive and we will push what we think needs to happen and seek to, through a partnership with him, make those things happen," Gillums Jr. says.

Lana McKenzie, AMVETS chief medical executive, says improving staffing levels can be a starting point to improve access to healthcare.

"When you have demand and supply issues, you're going to face poor outcomes and I think that that's the logistic of access to care issues [still] creeping up," McKenzie says.

"Because there's so little consistency between the 157 facilities, you go to one you're not going to have that same experience at another necessarily so it just kind of depends on where you happen to settle after you get out of the military," Gillums Jr. says.

Gillums Jr. was injured in a car accident while in the Marine Corps. He says the secret to successful rehabilitation through the VA is peer mentorship.

"The best dose of medicine you can be administered is seeing another individual who has lived with that injury or that condition being successful," Gillums Jr. says.

"The culture at the VA needs a little reshape on the attitude toward veterans. They're not beggars. I think that they have choices so if you want them to become a choice of the VA, you need to show them that they want it and you're willing to serve," McKenzie says.

AMVETS is organizing a town hall meeting for veterans Tuesday night. Gillums Jr. says AMVETS will take the concerns of veterans to Wilkie, and it will be his "opportunity to demonstrate to us that he's going to listen to us."

"As long as there's a veteran on the street or as long as there's somebody waiting to get in, his honeymoon will be very short if at all. We've said that publicly and I think he embraces that challenge," Gillums Jr. says.

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5.6 - WMBB (ABC-13): [Senator Nelson Speaks with Local Veterans](#) (7 August, Chelsie Taddonio, 50k uvm; Panama City, FL)

Veterans from around Bay County expressed concerns to U.S. Sen. Bill Nelson at a round table meeting in Panama City.

Sen. Nelson spoke with veterans about a piece of legislation he is proposing, that would protect the military from being taken advantage of by payday loans. The legislation would cap the interest rate at 24 %. He says this is so... "the poor member of the service doesn't keep building up these loans that they can't pay. And then have to declare bankruptcy."

The veterans didn't comment much on the legislation because they were eager to discuss certain matters; and the conversation quickly turned to Veterans Affairs. After talking for about an hour Sen. Nelson had a clear picture of their concerns.

"They have excellent care, they're very happy with the va doctors and nurses. But it's the administrative problem," said Nelson.

VFW Commander of District 17, Tony Salvo continued to explain the dilemma with the VA. "If you go to get an appointment sometimes it takes 4 to 6 to 8 weeks... It's just too long."

The veterans also brought up homelessness among veterans within Bay County. "Veterans particularly coming out of Vietnam have always had a real homeless problem, " said Nelson.

"We do know that the VA is in the process of fixing the homeless problem. They're in the process of building homes and areas for these veterans to live. It's gonna be a long slow walk before we get there," said Salvo.

Sen. Nelson took these concerns to Tallahassee, where he met with the Secretary of Veterans Affairs on Aug. 07, 2018.

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5.7 - White Mountain Independent: [Snowflake resident spearheads VA policy change](#) (7 August, Laura Singleton, 37k uvm; Show Low, AZ)

SNOWFLAKE — Julius Aubin, a Navy veteran and a resident of Snowflake since 2002, is a mover and a shaker. He can also breathe a little easier now – literally.

Aubin has been on a mission to improve healthcare for veterans like himself who use portable oxygen tanks to help them breathe. Specifically, he wants veterans to “get out and be mobile.”

“It’s hard to go out to a kids’ baseball game on a tank of oxygen that only lasts four hours,” testifies Aubin. “And, you can’t even go fishing because you’ve got this big bottle that bumps around and makes all kinds of noise.”

“If you go on vacation, you’ve got to give the VA an in-depth itinerary to get travel bottles way ahead of time,” says Aubin. “I don’t know about you, but when I’m on vacation, my only itinerary is ‘I’m leaving and I’m coming back at some point; everything else is the in-between.’”

So, for more than a year, he has been contacting the Veteran’s Administration in Phoenix. He has also spoken with Congressman Tom O’Halleran at the local VFW Post in Show Low where he was able to demonstrate the bulky oxygen tank and cart that he has carried with him for two years.

“He has really advocated strongly for veteran’s issues like the portable oxygen concentrators,” says Shawn Bransky, Deputy Director of the Phoenix Veteran’s Administration (VA) Healthcare System. “Julius is not one that let’s go; he is a champion of his cause.”

There are several challenges that come with the oxygen tanks and carts, in addition to the weight and overall bulkiness. According to Aubin, the tanks that people take with them only last for two to four hours, depending on the size. “This makes it difficult to go fishing, traveling or doing things outside the home that take time,” says Aubin.

In addition, the empty oxygen bottles stack up in the house and, in rural areas like the White Mountains, it can be difficult for the company to come pick them up regularly. This is especially the case when there is inclement weather.

Aubin, originally from Baton Rouge, Louisiana, says that getting portable oxygen concentrators to veterans that are prescribed oxygen by their doctors has been a brainchild of his. It all started when he decided to travel across the country for his high school class reunion.

“I had already made plans to go on vacation to Louisiana for the reunion,” says Aubin. “I knew I was going to have to drag the oxygen tank and cart with me, so I started digging and trying to find a way to get a portable oxygen concentrator from the VA,” he explained. “I found out that the VA needs six to eight weeks advance notice for this.”

“Your quality of life and your mobility is not as great with the tanks as it can be by having a mobile oxygen concentrator,” says Aubin. “For example, you can bring the tanks on a plane but you have to wheel them around and I know first and foremost how it is to do that,” he added.

After hitting several roadblocks with his attempts to obtain a portable concentrator to travel with, he got in contact with a company that was able to help him. In addition, Dr. Simranjit S. Galhotra, a pulmonary specialist with Summit Healthcare Regional Medical Center, was willing to assist Aubin in his efforts. The end result – Aubin obtained a portable oxygen concentrator from the VA in time to take it with him on his trip.

"The whole time I was on vacation, this was on my mind," says Aubin. "All of my experience and phone calls trying to get a portable oxygen concentrator for myself led up to what the VA is doing now."

"Once I was able to use the portable concentrator while traveling, I saw very clearly what was needed for other veterans," says Aubin.

Upon returning from vacation, Aubin resumed his communication with the VA administration, showing them how portable oxygen concentrators could improve quality of life as well as save money.

"Mr. Aubin actually came to me with a business case already done and he walked me through it step-by-step," says Bransky. "I'm not a physician, but I understand that not everyone is a candidate for portable oxygen concentrators," he added. "As a result of Mr. Aubin's tenacity, we have now built a Phoenix VA Healthcare System policy that we are fine-tuning and will get out to the veterans at large."

According to Aubin, the VA will arrange to rent a portable machine for the veteran for 30 days. If they keep it beyond the 30 days, then they pay rental fees. With this program, the idea is for the VA to buy the portable oxygen concentrator. When the veteran no longer needs it, it can be returned to the VA, serviced and authorized for another patient.

Aubin claims that this process, when compared to the one-time purchase of portable oxygen concentrator will save money over time.

"When the program officially gets off the ground, the VA may even rent the portable machines from the company that provides the Activator brand of concentrator," says Aubin.

"They are working on the company owning the machines and the VA rents the machines from them. From \$100 to \$200 per month which is very inexpensive," says Aubin.

Currently, this policy will only pertain to the Phoenix VA facility and the nine outpatient clinics that fall under the Phoenix VA healthcare umbrella said Bransky. "We will have specific parameters to ensure that we roll this out in a manner that is organized, well-understood and effectively communicated," he added.

Bransky also said that the process must be efficient so that veterans don't get frustrated. Physicians will have the very important role of making sure that the patient is a candidate for portable oxygen before they go through the process.

"We have drafted a policy this is now being reviewed by the Director Rima Nelson and we expect approval in the near future," assures Bransky. "It's not something that we have considered before I think it's a great initiative and something that enhances quality of life," he added.

Although the policy is close to being signed and implemented by the VA, Aubin is not one to relax. He is continuing his information campaign and plans to organize another town hall meeting this month at the VFW in Show Low.

Aubin encourages veterans and their families to contact him at 928-536-2485 if they would like to more information about the pending healthcare policy.

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6. Suicide Prevention

6.1 - Dispatch - Argus: [VA says reaching vets key to stopping suicide](#) (7 August, Jim Meenan, 311k uvm; Moline, IL)

The numbers speak harshly for themselves.

Every day, about 20 U.S. veterans and current service men and women commit suicide. On average, only about six of those veterans are receiving care from the Veterans Administration.

Bryan Clark is bothered by the number of veterans taking their lives, as well as how many do not reach out for the help they've earned. Clark is the public affairs officer for the Veterans Affairs Health Care System in Iowa City that serves 51 western Illinois and eastern Iowa counties.

"These are earned benefits," Clark says. "Don't leave them untapped."

Currently, the Quad-Cities has three VA facilities offering everything from primary care to laundry and shower facilities.

A 34,000-square-foot facility near the Mississippi Valley Fairgrounds in Davenport is scheduled to replace a current one in Bettendorf early next year. Bettendorf's Victoria Street facility offers psychology and psychiatry services. Davenport's VA Community Resource and Referral Center's services on North Perry Street includes suicide prevention and psychology. The Quad-Cities Vet Center on 42nd Avenue in East Moline includes mental health counseling services.

Additionally, any veteran can call the Veteran's Crisis Line at 1-800-273-8255 and press 1 to talk to someone. There's also immediate help, if needed, in local emergency rooms.

"The vast majority of the time, (callers) are just looking for somebody to talk to," said Darin Person, Suicide Prevention Coordinator for the VA Health Care System in the Iowa City.

He said that only about twice a week does someone in the vast area his office serves need a rescue.

In non-emergency situations, Person's office contacts them. If the veteran has an existing mental health team working with them, that team contacts the VA office. Either way, follow-up occurs within 24 hours.

The bigger problem Clark alluded to is reaching troubled veterans before they commit suicide. he said the VA does outreach on a regular basis through public meetings, American Legion posts and Veterans of Foreign Wars organizations.

"We know we can't reach all the veterans ourselves," said Dr. Jason Drwal, staff psychologist at the VA Health Center in Iowa City that tries to connect with community leaders and local mental health services.

Veteran suicide rates in this region are similar to the national average, Person said. But he and the VA subscribe to the belief that any suicide is one too many.

What finally pushes a veteran over the edge could be something that went untreated for years, Drwal said.

"A lot of the guys that we see from the Vietnam era are struggling with things that happened when they were in the service, that happened when they got home and didn't feel welcomed here," Drwal said. "A lot of guys didn't feel they had an outlet to deal with that."

It's harder to keep veterans from recent wars engaged in treatment, he said, because they sometimes find it difficult to make the time to deal with an issue.

"I think the challenge with the younger guys that we see is that these are guys who just want to get back to life and don't want to bother with it," Drwal said. "They've got families and jobs and things to do."

But progress is being made, Person said. In his eight years with the Iowa City VA office, things are "significantly better," he said.

"Our programs have grown," he said. "We have a lot more staff. We have much more of a variety of services to fit people's needs better."

Technology helps. Drwal says he now can provide therapy to a veteran anywhere in the country by using an electronic tablet.

Most referrals, he said, come from the medical community.

"Primary care can send a lot of referrals to (VA) psychiatry and then they prescribe meds and send them to (VA) psychology where they can get into psychotherapy," Drwal said.

"Within the VA system, there is just a real strong emphasis on mental health services," he said. "They (veterans) are going to be screened by multiple services and providers."

He noted, however, it might take one person six different referrals before they finally decide to come in for help.

"We will eventually get them to the right services, if we are connected," Drwal said. "It's really the people who don't have any connection to us that are really left out."

The ultimate goal, he said, is to get people in, treat them, educate them and arm them with the ability to cope.

"Get them to start doing things so that they can start living their life differently," Drwal said. "If you are not helping them to live everyday life differently, then you are not going to make changes in terms of what they can do and how they interact with their family or their ability to either get work or maintain the work they have."

While today's therapies are more focused on teaching skills and strategies, the basic start — listening to the veteran — is still the same, he said. Also remaining is the stigma in seeking mental health care.

"That's kind of the big hurdle we are facing on a daily basis," Drwal said. "Once they come in, there's all kinds of things that we can do for them."

He said the VA is sensitive to allegations that too many vets are put on medicine instead of therapy to address mental illness. If a person had a sore throat and a pill could cure it, he said, would you not ask them to consider taking the pill?

"Every case is different," Person said. "We certainly have folks who do one or the other and sustain recovery."

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6.2 - The Daily News: [VA center in IM to host Mental Health Summit at Bay West](#) (7 August, 54k uvm; Iron Mountain, MI)

IRON MOUNTAIN — The Oscar G. Johnson VA Medical Center will host its sixth annual Mental Health Summit on Tuesday, Aug. 21, in Fornetti Hall at Bay College West, 2801 N. U.S.2 in north Iron Mountain.

The event will be 9 a.m. to noon, and is open to local government human services, community mental health agencies, hospitals, veterans and their families, and any other interested organizations or individuals.

The purpose of the Mental Health Summit is to bring together these key stakeholders in the community with the goal of enhancing the mental health and well-being of veterans and their families

"We are building bridges with community partners to serve those who served us," said Amy Fowler, this year's summit coordinator.

Topics at this year's Mental Health Summit include suicide prevention, access to mental health care, eliminating mental health stigma, the Veterans Administration's new Whole Health Program and health care designed for women veterans.

"We have found these Mental Health Summits to be beneficial in addressing the mental health needs of our veterans, especially in our rural patient areas," said Jim Rice, director for the Oscar G. Johnson VA Medical Center.

"We cannot do it alone, especially in tackling the VA's top clinical priority, suicide prevention," Rice added.

For more information or to register for the summit, contact Amy Fowler at Amy.Fowler1@va.gov or 906-774-3300, ext. 32742.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WCTV (CBS-6, Video): [Local World War II vet has VA Clinic named in his honor](#) (7 August, Alicia Turner, 1.4M uvm; Tallahassee, FL)

You probably recognize the famous World War II photo of the flag being raised on Iwo Jima. But, the photo most think of wasn't the original flag to be raised.

And, one of the soldiers who helped raise the first flag grew up in Monticello.

About a week after the photo was taken, Ernest Boots Thomas was killed in the line of duty. He received multiple honors, including the Purple Heart. And, on Tuesday, he was honored again, as President Trump signed a proclamation to name the VA building on Orange Avenue after him.

A table decorated with pictures of the past line the walls of the Veterans Clinic to recognize and honor the life of Sgt. Thomas.

"I think they'll love it," said Reba Weams Williams, "It now has a name they can honor and respect and now more and more people are learning about Thomas."

Sgt. Thomas was just 17 when he went into the Marines. He died days before his 21st birthday.

Rebekah Sheats wrote a biography of his life, where she says early on he set out to make a difference.

"His father died when he was young and he had to take responsibility for his family and his younger siblings and his mother. He really understood," Sheats said. "When WWII came, it was his position to stand in the gap to protect his family, his home and his country."

Sheats explained his dedication to service and his country is worthy of being admired.

"Boots died over 70 years ago and his name is still remembered today," Sheats continued, "And that has to be encouraging to know that their sacrifice isn't in vein that people do appreciate it and they will honor them for it."

An honor that, Sgt. Thomas'family says, will never be forgotten.

Senator Bill Nelson and Congressman Al Lawson were among thos who spoke at Tuesday's ceremony, and each said what a historic moment the renaming is.

There's no word yet on when Thomas' name will actually be displayed.

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7.2 - Tallahassee Democrat: [VA secretary helps rename vets clinic for Monticello Marine Ernest "Boots" Thomas](#) (7 August, James Call, 439k uvm; Tallahassee, FL)

Monticello's Dr. Jim Sledge remembers the ship-borne broadcast with Sgt. Ernest "Boots" Thomas a couple days after the iconic flag raising during the World War II battle for Iwo Jima. A photo taken of it by the Associated Press appeared around the country in 1945 while the U.S. prepared a final assault on imperial Japan.

At the rededication ceremony of the Veterans Affairs Clinic in Tallahassee Tuesday, Sledge recalled how his best friend from childhood deftly handled a radio interview about how he had mounted the flag in a volcanic crest atop Mount Suribachi.

"Sgt. Thomas said, 'I don't want to give that impression. Every man in my platoon should be standing here with me today,'" Sledge told the nearly 400 people who attended Tuesday's ceremony.

"So, there was enough honor to go around for everyone," Sledge continued. Members of the Thomas family credit Sledge with keeping Boots' story alive and the subsequent honors bestowed on him.

The radio broadcast Sledge recalled aired a week after Thomas led his squadron to the top of the mount on day four of the battle. It served as a beacon to fellow Marines engaged in combat in the jungle below. Immediately after the radio broadcast, Thomas rejoined his squadron on the island. A couple days later he was among the 4,000 Marines who died before Iwo Jima was secured.

He was originally laid to rest in Iwo Jima but Jefferson County brought him home to Roseland Cemetery. Three years ago, Monticello erected a memorial near his grave site and Tuesday, Veterans Affairs Secretary Robert Wilkie led a contingent from Washington that included Sen. Bill Nelson, congressmen Neal Dunn and Al Lawson and local politicians that paid a further tribute to the Monticello Marine.

Nelson and Lawson acted on a request from Jefferson County residents and carried the bills through Congress that formally named the Tallahassee facility the Sergeant Ernest I. "Boots" Thomas VA Clinic

"Thank you for rededicating this wonderful facility in the name of a man from a generation that continues to inspire," Secretary Wilkie told the crowd that overflowed from the facilities main lobby and down a hallway past a coffee bar, pharmacy, a waiting area for radiology and entrances to other labs and offices.

Wilkie was confirmed two weeks ago, as head of a embattled department with more than 1,500 outpatient clinics and hospitals to serve the nation's veterans. The "Boots" Thomas VA Clinic opened in 2016 and serves more than 16,000 veterans in North Florida and South Georgia.

"Our family is humbled by the honor of the naming of this beautiful facility after Boots Thomas," said Lynn Blais, Thomas' great grand-niece. "We hope the veterans who come here receive the very best care a grateful nation can provide."

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7.3 - SportTechie: U.S. Veteran Steve Kirk Uses Breath-Triggered Gun at Wheelchair Games (7 August, Logan Bradley, 157k uvm; Washington, DC)

A 1980 skiing accident left U.S. Army veteran Steve Kirk with a dislocated neck and little use of his arms or legs. Almost forty years later, Kirk was competing at last week's National Veterans Wheelchair Games. Kirk took part in the air rifle competition thanks to a gun that is triggered by his breath.

A sharp inhale from Kirk is enough to fire his gun. (Inhaling is used instead of exhaling as the trigger, because exhaling can happen accidentally.) The solution, customized by the Orlando VA Medical Center, follows similar adaptations for disabled athletes competing in other sports—repurposing their movements for the desired effect.

"It allows them the opportunity to forget that they are disabled for a little while," said Christina Lafex, a recreational therapist and coordinator at Orlando VA, in an interview with the Orlando Sentinel. "Otherwise, they might get quiet and dig into a cocoon and just stay there."

This year's games (which ran from Jul. 30 to Aug. 4) featured an exhibition space dedicated to adaptive technology products. For many like Kirk, technology has opened up a whole new competitive avenue.

"If [the accident] happened today, I'd probably be able to walk again at some point," Kirk told the Sentinel. "But it's not about staying home and feeling sorry for yourself."

SportTechie Takeaway

Technology has allowed disabled athletes to compete in ways that they otherwise couldn't. Ahead of this year's Winter Paralympics, engineers at Toyota Motorsport helped Paralympian Andrea Eskau redesign her sled. Toyota was able to create a significant weight reduction in the sled. In PyeongChang, the German parathlete added two gold medals, two silvers and one bronze to her already impressive haul from six different Summer and Winter Games.

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7.4 - St. George News: Salt Lake City Veterans Affairs office to hold first 'Benefits Fair' in St. George (7 August, Ryan Rees, 156k uvm; Saint George, UT)

ST. GEORGE — Area veterans will be able to get assistance for a variety of needs when the Department of Veterans Affairs Salt Lake City regional office's outreach team hosts its first "Benefits Fair" Aug. 14 in St. George.

The event will take place from 8 a.m. to noon at the St. George Veterans Center, 1664 S. Dixie Drive, Suite C-102.

"This is new for us," said Thomas Lamb, outreach specialist in the St. George Veterans Affairs office. "They (Veterans Benefits Administration) are sending down two people who are the actual people who handle the benefits paperwork in the Salt Lake office."

This will be the first time the outreach team has visited Southern Utah, but it may not be the last, said Adam Kinder, a spokesperson for the Veterans Administration in Salt Lake City.

"This is an opportunity to reach a portion of the population that doesn't have easy access to the regional office here (in Salt Lake City)," he said. "We conduct these fairs around the state and try to see if the need is there by gauging the attendance. If it's a good turnout, we'll look at doing more."

Kinder said veterans will be able to get information on how to file claims, research the status of their claims, vocational rehabilitation and employment, survivor or burial benefits or find out what other benefits may be available to them at the fair.

Another goal of the fair, Kinder said, is to reach veterans who are not currently involved in receiving benefits.

Court Pendleton, the officer who oversees four Utah veterans service offices in the area, said the benefits fair will "help fulfill a real need in this area."

Pendleton's office oversees 11 counties in Southern Utah, which he said represents about 10 percent of all veterans in Utah, adding that there are 11,800 veterans in Washington County and another 3,000 in Iron County.

Lamb said the main focus in the St. George office is to offer combat veterans counseling.

"We can help them with marriage problems, PTSD or if they're just having a bad day," he said. "They can walk in any time. We're very accessible."

Both Lamb and Pendleton said they hope the St. George fair will encourage the Salt Lake City office to hold more events in St. George in the future.

"We hold a quarterly fair of our own," Pendleton said, "but I think after this event, they will want to have a monthly fair here."

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8. Other

8.1 - South Bend Tribune: [Viewpoint: Donnelly, a tireless advocate for vets, should be re-elected](#) (7 August, Joe Kernan, 274k uvm; South Bend, IN)

As a Vietnam War veteran and prisoner of war, a former governor of Indiana and a longtime South Bend resident, I believe that we need to re-elect Joe Donnelly to the U.S. Senate. Joe has been a tireless advocate for veterans and service members in the Senate. He works in a bipartisan and common-sense way to deliver real results for all Hoosiers.

Look no further than the new St. Joseph County VA Health Clinic for proof of Joe's tireless efforts to deliver for Hoosier veterans. Joe worked for nearly 10 years — since he was a congressman for Indiana's 2nd Congressional District — to make the impressive VA clinic in Mishawaka a reality for veterans living in northcentral Indiana. Gone are the days when veterans living in South Bend, Elkhart and LaPorte need to travel to Fort Wayne, Chicago or Indianapolis for care from the VA. This new clinic has been life-changing for veterans like

myself, and I can tell you that it would not have been built without Joe's passion for making life better for veterans in Indiana. He hasn't stopped at the VA health clinic in Mishawaka; he's working hard to help bring more VA clinics to Indiana and meet the needs of every Hoosier veteran.

As a Vietnam veteran, I was proud that Joe authored bipartisan legislation so that March 29 of every year would be recognized as National Vietnam War Veterans Day and worked until it was signed into law by President Donald Trump. On March 29, Joe welcomed home more than 900 Hoosier Vietnam War veterans with their family members at Plainfield High School for the first Vietnam War Veterans Day and thanked them for their service to this great nation.

Joe is also shining a light in Congress on the importance of mental health for service members and veterans. His Jacob Sexton Military Suicide Prevention Act and his Servicemember and Veteran Mental Health Care Package are bipartisan efforts to reduce service member and veteran suicide and help us access mental health services that are right for us. As a veteran and prisoner of war, I understand all too well that the wounds of war are both physical and mental. It's difficult for the men and women in service who are coming home to find a prepared medical professional properly trained to understand the unique traumas that they brought home from war. Joe's efforts have brought about meaningful change for how the military and veterans talk about and treat mental health.

There is so much more work to be done in Washington on behalf of the men and women veterans and service members. Let's work together to send Joe back to the Senate next year because he's the guy for the job.

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Veterans Affairs Media Summary and News Clips

8 August 2018

1. Top Stories

1.1 - WHAM (ABC-13, Sinclair, Video): [1-on-1 with new VA Secretary Robert Wilkie Jr.](#) (7 August, Scott Thuman, 817k uvm; Rochester, NY)

It's one of the most difficult jobs in all of Washington: running the Department of Veterans Affairs and looking after the well-being of 9 million veterans annually. After years of mismanagement, a new leader is trying to turn that around. In the video above, VA Secretary Robert Wilkie sits down with chief political correspondent Scott Thuman to explain why he thinks he'll succeed where others have failed.

[Hyperlink to Above](#)

1.2 - Military.com: [New VA Secretary Pledges Cleanup Of Scandal-Plagued DC Hospital](#) (7 August, Richard Sisk, 9M uvm; San Francisco, CA)

In his second week on the job, new VA Secretary Robert Wilkie pledged a cleanup of the scandal-plagued Washington, D.C., Department of Veterans Affairs Medical Center where inspectors found doctors using rusty surgical tools and identified a sense of "complacency" in the facility's leadership.

[Hyperlink to Above](#)

1.3 - ProPublica: [The Shadow Rulers of the VA](#) (7 August, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Last February, shortly after Peter O'Rourke became chief of staff for the Department of Veterans Affairs, he received an email from Bruce Moskowitz with his input on a new mental health initiative for the VA. "Received," O'Rourke replied. "I will begin a project plan and develop a timeline for action."

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1.4 - U.S. News & World Report (AP): [Report: Madison VA Hospital Care Deficient Before Suicide](#) (7 August, 23.9M uvm; Washington, DC)

A new federal report finds that Madison's Veterans Hospital provided deficient care for a patient who killed himself a day after being discharged last year. The report by the VA Office of the Inspector General found that hospital staff did not hold the man for an additional 72 hours, as they could have. The report also cited problems with discharge planning, follow-up and outpatient pharmacy care.

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1.5 - The Chippewa Herald: [Madison VA hospital's care deficient before veteran's death by suicide, report says](#) (7 August, David Wahlberg, 197k uvm; Chippewa Falls, WI)

Madison's Veterans Hospital provided deficient care for a mentally ill patient who killed himself a day after being discharged last year, according to a new federal report. Staff didn't hold the man for an additional 72 hours, as they could have, and there were problems with discharge planning, follow-up and outpatient pharmacy care, says a report by the VA Office of the Inspector General.

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2. Greater Choice for Veterans

2.1 - CNBC: Three civilians from Mar-a-Lago are reportedly making decisions for the VA

(7 August, Yen Nee Lee, 26.1M uvm; Englewood Cliffs, NJ)

An "informal council" of three people who have neither served in the U.S. military nor hold government positions was found to exert "sweeping influence" on policies concerning America's military veterans, ProPublica reported on Tuesday.

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2.2 - The Hill: Mar-a-Lago insiders provided input on VA policy, personnel decisions: report

(7 August, Brett Samuels, 11.8M uvm; Washington, DC)

A trio of high-profile individuals with ties to President Trump's Mar-a-Lago golf club provided input and directives to staff at the Department of Veterans' Affairs (VA), despite never serving in government or the military.

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3. Modernize Our System

3.1 - Stars and Stripes: We can give GIs seamless, lifetime medical records

(7 August, Rep. Jim Banks (R-Ind.), 1.5M uvm; Washington, DC)

This Congress has been the most productive in decades in delivering results for our veterans. We've sent bipartisan legislation to President Donald Trump's desk that brings accountability to the Department of Veterans Affairs, increases transparency in the timeliness and quality of care, and streamlines the broken appeals process for disability claims — and passed the largest expansion of GI Bill benefits since the original GI Bill was signed into law. The House has passed more than 70 veterans bills and 26 of those have been signed by the president.

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3.2 - WBTV (CBS-3): Salisbury VA to open new clinical laboratory and ICU

(7 August, David Whisenant, 319k uvm; Charlotte, NC)

A special ribbon cutting will be held on Wednesday for the new clinical lab and ICU at the W.G. "Bill" Hefner Veterans Administration Medical center in Salisbury. The new Salisbury VAMC clinical laboratory is a full-service lab that supports the inpatient hospital, the operating room, outpatient clinics, oncology clinic, dialysis and two free standing Health Care Centers.

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3.3 - WJCT (NPR-89.9): Outpatient Health Clinic For Veterans Will Open In Orange Park

(7 August, Cyd Hoskinson, 54k uvm; Jacksonville, FL)

Military veterans in Clay County are getting a new Veterans Administration outpatient health clinic. 76-year-old Gary Newman started the Clay County chapter of the Vietnam Veterans of America. He said right now, the thousands of veterans who live in the area have to go to the VA clinic in Jacksonville for routine health care.

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3.4 - VC Daily: [Military Telemedicine Extends Its Reach to Teletherapy for PTSD](#) (7 August, Charlotte T., 2k uvd)

Post Traumatic Stress Disorder is like a terrible echo of life-threatening events from the past. Its sufferers—and there are thousands of them across military and civilian life alike—can become haunted by memories of moments when they or their loved ones were faced with grave danger.

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4. [Focus Resources More Efficiently](#)

4.1 - Stars and Stripes: [VA secretary to announce new leader for DC hospital](#) (7 August, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs secretary plans to announce a new, permanent leader for the Washington veterans hospital in the coming weeks after conditions at the facility were reported last month to have deteriorated to a critical level.

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4.2 - WFED (AM-1500, Audio): [VA's former acting CIO reflects on his tenure](#) (7 August, Freshta Mohammad and Sean Kelley, 854k uvm; Washington, DC)

This Trump Administration has seen a great deal of turnover in career senior executives. The Veteran Affairs Department has definitely seen its share. For this month's show, Cyber Chat's host Sean Kelley sat down with a reflective Scott Blackburn. Blackburn served in many capacities while at the VA, including executive in charge of Secretary Robert McDonald's MyVA Initiative, acting deputy secretary of VA and acting CIO.

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4.3 - Johnson City Press: [Mountain Home National Cemetery director resigns amid health crisis](#) (7 August, Becky Campbell, 194k uvm; Johnson City, TN)

When Mountain Home National Cemetery Director Jeny Walker and her staff accepted a national award for excellence last week, it was a professional high for her and the team. It was the second of three awards given by the National Cemetery Administration in her three years directing the cemetery. Walker oversaw a massive expansion project and established an outreach program more inclusive of the community.

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4.4 - Williamson Daily News: [Hershel 'Woody' Williams VA, local professionals discuss vets' mental health](#) (7 August, Bishop Nash, 24k uvm; Williamson, WV)

The Hershel "Woody" Williams VA Medical Center in Huntington hosted its sixth annual mental health summit Friday afternoon, meeting jointly with outside mental health agencies toward serving their common goal in creating better lives and conditions for the area's military veterans.

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5. [Improve Timeliness of Service](#)

5.1 - MLive: Wurtsmith base water may have caused veteran cancers (7 August, Garret Ellison, 10.9M uvm; Ann Arbor, MI)

Drinking water laced with high levels of poisonous chemicals may be to blame for cancer and other chronic disease among veterans and families who lived at Wurtsmith Air Force Base in northern Michigan, according to a new federal health report draft.

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5.2 - Billings Gazette: Veteran finds pain relief without pills through rehab and therapy with Billings naturopaths (7 August, Susan Olp, 854k uvm; Billings, MT)

Casey Jourdan, a veteran of the Iraq War, is no stranger to pain. She spent six years in the Montana National Guard, and was deployed in Iraq for a year, starting in 2003. She primarily worked as a turret gunner doing convoy security. On April 13, 2004, she was wounded in a roadside bombing. It left her with permanent joint and nerve damage in her left shoulder, elbow and wrist.

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5.3 - WZTV (FOX-17): Viral photo of Tennessee veteran on VA hospital floor sparks outrage (7 August, Kaylin Jorge, 484k uvm; Nashville, TN)

A photo showing a veteran passed out on the floor at a middle Tennessee Department of Veterans Affairs hospital has sparked outrage and continues to go viral. However, the VA is saying the story being shared on social media isn't what transpired. FOX 17 News spoke with Gail Hobbs, who took a photo of her brother, Tony Sims, passed out on the floor at Murfreesboro VA.

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5.4 - The Telegraph: Veterans serving veterans: County program fosters readjustment after service (7 August, Jill Moon, 160k uvm; Alton, IL)

A pair of U.S. Army combat veterans are working together on two fronts to help discharged and retired veterans of any military branch, discharge type and era. Veterans' Assistance Commission (VAC) of Madison County Supervisor Bradley Lavite and Vet Center readjustment counselor Nathan Ferguson started a two-pronged VAC/Vet Center Group Outreach program that works toward a single goal of assisting veterans navigate the complex veterans health care and benefit system...

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5.5 - WMFE (NPR-90.7, Audio): Intersection: The Road To Better Care For Veterans (7 August, Brenda Argueta, 70k uvm; Orlando, FL)

One of the challenges facing Veterans after their service is getting access to healthcare. Veterans Affairs secretary Robert Wilkie, who was sworn in last week, will address American Veterans tomorrow at the group's annual convention in Orlando. Improving access to healthcare is one of the issues the service organization is looking to Wilkie to address.

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5.6 - WMBB (ABC-13): Senator Nelson Speaks with Local Veterans (7 August, Chelsie Taddonio, 50k uvm; Panama City, FL)

Veterans from around Bay County expressed concerns to U.S. Sen. Bill Nelson at a round table meeting in Panama City. Sen. Nelson spoke with veterans about a piece of legislation he is proposing, that would protect the military from being taken advantage of by payday loans. The legislation would cap the interest rate at 24 %. He says this is so... "the poor member of the service doesn't keep building up these loans that they can't pay. And then have to declare bankruptcy."

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5.7 - White Mountain Independent: Snowflake resident spearheads VA policy change (7

August, Laura Singleton, 37k uvm; Show Low, AZ)

Julius Aubin, a Navy veteran and a resident of Snowflake since 2002, is a mover and a shaker. He can also breathe a little easier now – literally. Aubin has been on a mission to improve healthcare for veterans like himself who use portable oxygen tanks to help them breathe. Specifically, he wants veterans to “get out and be mobile.”

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6. Suicide Prevention

6.1 - Dispatch - Argus: VA says reaching vets key to stopping suicide (7

August, Jim Meenan, 311k uvm; Moline, IL)

The numbers speak harshly for themselves. Every day, about 20 U.S. veterans and current service men and women commit suicide. On average, only about six of those veterans are receiving care from the Veterans Administration.

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6.2 - The Daily News: VA center in IM to host Mental Health Summit at Bay West (7

August, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center will host its sixth annual Mental Health Summit on Tuesday, Aug. 21, in Fornetti Hall at Bay College West, 2801 N. U.S. 2 in north Iron Mountain. The event will be 9 a.m. to noon, and is open to local government human services, community mental health agencies, hospitals, veterans and their families, and any other interested organizations or individuals.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WCTV (CBS-6, Video): Local World War II vet has VA Clinic named in his honor (7

August, Alicia Turner, 1.4M uvm; Tallahassee, FL)

You probably recognize the famous World War II photo of the flag being raised on Iwo Jima. But, the photo most think of wasn't the original flag to be raised. And, one of the soldiers who helped raise the first flag grew up in Monticello.

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7.2 - Tallahassee Democrat: [VA secretary helps rename vets clinic for Monticello Marine Ernest "Boots" Thomas](#) (7 August, James Call, 439k uvm; Tallahassee, FL)

Monticello's Dr. Jim Sledge remembers the ship-borne broadcast with Sgt. Ernest "Boots" Thomas a couple days after the iconic flag raising during the World War II battle for Iwo Jima. A photo taken of it by the Associated Press appeared around the country in 1945 while the U.S. prepared a final assault on imperial Japan.

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7.3 - SportTechie: [U.S. Veteran Steve Kirk Uses Breath-Triggered Gun at Wheelchair Games](#) (7 August, Logan Bradley, 157k uvm; Washington, DC)

A 1980 skiing accident left U.S. Army veteran Steve Kirk with a dislocated neck and little use of his arms or legs. Almost forty years later, Kirk was competing at last week's National Veterans Wheelchair Games. Kirk took part in the air rifle competition thanks to a gun that is triggered by his breath.

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7.4 - St. George News: [Salt Lake City Veterans Affairs office to hold first 'Benefits Fair' in St. George](#) (7 August, Ryan Rees, 156k uvm; Saint George, UT)

Area veterans will be able to get assistance for a variety of needs when the Department of Veterans Affairs Salt Lake City regional office's outreach team hosts its first "Benefits Fair" Aug. 14 in St. George. [...] "This is new for us," said Thomas Lamb, outreach specialist in the St. George Veterans Affairs office. "They (Veterans Benefits Administration) are sending down two people who are the actual people who handle the benefits paperwork in the Salt Lake office."

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8. Other

8.1 - South Bend Tribune: [Viewpoint: Donnelly, a tireless advocate for vets, should be re-elected](#) (7 August, Joe Kernan, 274k uvm; South Bend, IN)

As a Vietnam War veteran and prisoner of war, a former governor of Indiana and a longtime South Bend resident, I believe that we need to re-elect Joe Donnelly to the U.S. Senate. Joe has been a tireless advocate for veterans and service members in the Senate. He works in a bipartisan and common-sense way to deliver real results for all Hoosiers.

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1. Top Stories

1.1 - WHAM (ABC-13, Sinclair, Video): 1-on-1 with new VA Secretary Robert Wilkie Jr. (7 August, Scott Thuman, 817k uvm; Rochester, NY)

WASHINGTON - It's one of the most difficult jobs in all of Washington: running the Department of Veterans Affairs and looking after the well-being of 9 million veterans annually.

After years of mismanagement, a new leader is trying to turn that around.

In the video above, VA Secretary Robert Wilkie sits down with chief political correspondent Scott Thuman to explain why he thinks he'll succeed where others have failed.

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1.2 - Military.com: New VA Secretary Pledges Cleanup Of Scandal-Plagued DC Hospital (7 August, Richard Sisk, 9M uvm; San Francisco, CA)

In his second week on the job, new VA Secretary Robert Wilkie pledged a cleanup of the scandal-plagued Washington, D.C., Department of Veterans Affairs Medical Center where inspectors found doctors using rusty surgical tools and identified a sense of "complacency" in the facility's leadership.

Wilkie went to VAMC Monday, where he was told that plans were in place for "assuring reliable availability and sterilization of instruments for surgical procedures," the VA said in a release.

Wilkie also was told that an electronic inventory was being set up to make sure that the hospital, serving about 90,000 veterans in the D.C. area, overcomes chronic equipment shortages.

Previous reports from the VA's Office of Inspector General charged that VAMC staffers at times had to make emergency runs to neighboring hospitals to ask for supplies.

The hospital had to borrow bone material for knee replacement surgeries and also ran out of tubes needed for kidney dialysis, forcing staff to go to a private-sector hospital to procure them, the IG's report last year said.

VAMC officials also told Wilkie that they were doing better at making timely appointments, particularly for prosthetics.

"We had a good visit today, and I appreciated hearing from facility and regional leadership on the important work that has been done to address the Inspector General's concerns, as well as plans for resolving all its remaining recommendations," Wilkie said in a statement. "There have been substantial improvements over the past few months in practice management, logistics and prosthetics in particular, and leaders have a strong plan ahead for even more progress in the coming weeks."

Wilkie approved yet another shuffle of VAMC's leadership to implement the changes. The current acting director, Adam M. Robinson Jr., will return to his previous position as director of the VA Maryland Health Care System.

A new permanent director for VAMC has been identified, and the name will be announced "in the near future," the VA said.

In the interim, VAMC Chief of Staff Charles Faselis will serve as acting director of the facility.

Damning reports from VA Inspector General Michael Missal on conditions at VAMC were a factor in the downfall of Wilkie's predecessor as VA Secretary, Dr. David Shulkin, who was fired in a Tweet by President Donald Trump in March.

In April 2017, Missal took the unusual step of issuing an emergency report on conditions at VAMC before his inspection was complete to avoid putting patients at risk.

In his scathing report, IG Missal said that storage areas for medical supplies at the VAMC were filthy, management was clueless on what was in the storage areas, medical supply rejects may have been used on patients and more than \$150 million in supplies and equipment had never been inventoried.

Shulkin relieved VAMC Director Brian Hawkins and replaced him with Lawrence Connell, one of his top policy advisors and a retired Army colonel.

In early March, just before Shulkin was fired, Missal issued another report warning that for years VAMC had "suffered a series of systemic and programmatic failures to consistently deliver timely and quality patient care."

The report charged that there were staff shortages in several departments and that about \$92 million in supplies and equipment were purchased over a two-year period without "proper controls to ensure the purchases were necessary and cost-effective."

In April, Connell was out as temporary director following a dispute over "technical aspects" of his appointment, the VA said.

In his latest report on VAMC, Missal made 25 recommendations for improving care. The VA said Monday that VAMC had implemented six of the 25 recommendations and was working to resolve the remaining 19.

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1.3 - ProPublica: [The Shadow Rulers of the VA](#) (7 August, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Last February, shortly after Peter O'Rourke became chief of staff for the Department of Veterans Affairs, he received an email from Bruce Moskowitz with his input on a new mental health initiative for the VA. "Received," O'Rourke replied. "I will begin a project plan and develop a timeline for action."

O'Rourke treated the email as an order, but Moskowitz is not his boss. In fact, he is not even a government official. Moskowitz is a Palm Beach doctor who helps wealthy people obtain high-service "concierge" medical care.

More to the point, he is one-third of an informal council that is exerting sweeping influence on the VA from Mar-a-Lago, President Donald Trump's private club in Palm Beach, Florida. The troika is led by Ike Perlmutter, the reclusive chairman of Marvel Entertainment, who is a longtime acquaintance of President Trump's. The third member is a lawyer named Marc Sherman. None of them has ever served in the U.S. military or government.

Yet from a thousand miles away, they have leaned on VA officials and steered policies affecting millions of Americans. They have remained hidden except to a few VA insiders, who have come to call them "the Mar-a-Lago Crowd."

Perlmutter, Moskowitz and Sherman declined to be interviewed and fielded questions through a crisis-communications consultant. In a statement, they downplayed their influence, insisting that nobody is obligated to act on their counsel. "At all times, we offered our help and advice on a voluntary basis, seeking nothing at all in return," they said. "While we were always willing to share our thoughts, we did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions... To the extent anyone thought our role was anything other than that, we don't believe it was the result of anything we said or did."

VA spokesman Curt Cashour did not answer specific questions but said a "broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half." White House spokeswoman Lindsay Walters also did not answer specific questions and said Perlmutter, Sherman and Moskowitz "have no direct influence over the Department of Veterans Affairs."

But hundreds of documents obtained through the Freedom of Information Act and interviews with former administration officials tell a different story — of a previously unknown triumvirate that hovered over public servants without any transparency, accountability or oversight. The Mar-a-Lago Crowd spoke with VA officials daily, the documents show, reviewing all manner of policy and personnel decisions. They prodded the VA to start new programs, and officials travelled to Mar-a-Lago at taxpayer expense to hear their views. "Everyone has to go down and kiss the ring," a former administration official said.

If the bureaucracy resists the trio's wishes, Perlmutter has a powerful ally: The President of the United States. Trump and Perlmutter regularly talk on the phone and dine together when the president visits Mar-a-Lago. "On any veterans issue, the first person the president calls is Ike," another former official said. Former administration officials say that VA leaders who were at odds with the Mar-a-Lago crowd were pushed out or passed over. Included, those officials say, were the secretary (whose ethical lapses also played a role), deputy secretary, chief of staff, acting under secretary for health, deputy under secretary for health, chief information officer, and the director of electronic health records modernization.

At times, Perlmutter, Moskowitz and Sherman have created headaches for VA officials because of their failure to follow government rules and processes. In other cases, they used their influence in ways that could benefit their private interests. They say they never sought or received any financial gain for their advice to the VA.

The arrangement is without parallel in modern presidential history. The Federal Advisory Committee Act of 1972 provides a mechanism for agencies to consult panels of outside advisers, but such committees are subject to cost controls, public disclosure and government oversight. Other presidents have relied on unofficial “kitchen cabinets,” but never before have outside advisers been so specifically assigned to one agency. During the transition, Trump handed out advisory roles to several rich associates, but they’ve all since faded away. The Mar-a-Lago Crowd, however, has deepened its involvement in the VA.

Perlmutter, 75, is painstakingly private — he reportedly wore a glasses-and-mustache disguise to the 2008 premiere of “Iron Man.” One of the few public photographs of him was snapped on Dec. 28, 2016, through a window at Mar-a-Lago. Trump glares warily at the camera. Behind him, Perlmutter smiles knowingly, wearing sunglasses at night.

When Trump asked him for help putting a government together, Perlmutter offered to be an outside adviser, according to people familiar with the matter. Having fought for his native Israel in the 1967 war before he moved to the U.S. and became a citizen, Perlmutter chose veterans as his focus.

Perlmutter enlisted the assistance of his friends Sherman and Moskowitz. Moskowitz, 70, specializes in knowing the world’s top medical expert for any ailment and arranging appointments for clients. He has connections at the country’s top medical centers. Sherman, 63, has houses in West Palm Beach and suburban Baltimore and an office in Washington with the consulting firm Alvarez & Marsal. His legal work focuses on financial fraud, white collar investigations and damages disputes. His professional biography lists experience in eight industries, none of them related to health care or veterans.

Moskowitz and Sherman helped Perlmutter convene a council of health care executives on the day of the Trump-Perlmutter photograph, Dec. 28, 2016. Offering more private healthcare to vets was a signature promise of Trump’s campaign, but at that point he hadn’t decided who should lead an effort that would reverse the VA’s longstanding practices.

A new name surfaced in that meeting: David Shulkin, who’d led the VA’s health care division since 2015. Perlmutter then recommended Shulkin to Trump, according to a person familiar with his thinking. (Shulkin did not respond to requests for comment.)

Once nominated, Shulkin flew to Mar-a-Lago in early February 2017 to meet with Perlmutter, Sherman and Moskowitz. In a follow-up email a few days later, Moskowitz elaborated on the terms of their relationship. “We do not need to meet in person monthly, but meet face to face only when necessary,” he wrote. “We will set up phone conference calls at a convenient time.”

Shulkin responded diplomatically. “I know how busy all of you are and having you be there in person, and so present, was truly a gift,” he wrote. “I found the time we spent, the focus that came out of our discussions, and the time we had with the President very meaningful.”

It wasn’t long before the Mar-a-Lago Crowd wore out their welcome with Shulkin. They advised him on how to do his job even though they sometimes seemed to lack a basic understanding of it. Just after their first meeting, Moskowitz emailed Shulkin again to say, “Congratulations [t] was unanimous.” Shulkin corrected him: “Bruce- this was not the confirmation vote- it was a committee vote- we still need a floor vote.”

Perlmutter, Moskowitz and Sherman acted like board members pounding a CEO to turn around a struggling company, a former administration official said. In email after email, officials sought approval from the trio: for an agenda Shulkin was about to present to Trump for a research effort on suicide prevention and for a plan to recruit experts from academic medical centers. “Everything needs to be run by them,” the first former official said, recalling the process. “They view themselves as making the decisions.”

The Mar-a-Lago Crowd bombarded VA officials with demands, many of them inapt or unhelpful. On phone calls with VA officials, Perlmutter would bark at them to move faster, having no patience for bureaucratic explanations about why something has to be done a certain way or take a certain amount of time, former officials said. He issued orders in a thick, Israeli-accented English that can be hard to understand.

In one instance, Perlmutter alerted Shulkin to what he called “another real-life example of the issues our great veterans are suffering with when trying to work with the VA.” The example came from Karen Donnelly, a real estate agent in Palm Beach who manages the tennis courts in the luxury community where Perlmutter lives. Donnelly’s son was having trouble accessing his military medical records. After a month of dead ends, Donnelly said she saw Perlmutter on the tennis court and, knowing his connection to Trump, asked him for help. Perlmutter told her to email him the story because he’s “trying to straighten things out” at the VA, she recalled. (Donnelly separately touched off a nasty legal dispute between Perlmutter and a neighbor, Canadian businessman Harold Peerenboom, who objected to her management of the tennis courts. In a lawsuit, Peerenboom accused Perlmutter of mounting a vicious hate mail campaign against him, which Perlmutter’s lawyer denied.)

Perlmutter forwarded Donnelly’s email to Shulkin, Moskowitz and Sherman. “I know we are making very good progress, but this is an excellent reminder that we are also still very far away from achieving our goals,” Perlmutter wrote.

Shulkin had to explain that they were looking in the wrong place: Since the problem was with military service records, it lay with the Defense Department, not the VA.

Perlmutter, Moskowitz and Sherman defended their intervention, saying, “These were the types of stories of agency dysfunction and individual suffering that drove us to offer our volunteer experience in the first place — veterans who had been left behind by their government. These individual cases helped raise broader issues for government officials in a position to make changes, sometimes leading to assistance for one veteran, sometimes to broader reforms within the system.”

Right after meeting Shulkin, Moskowitz connected him with his friend Michael Zinner, director of the Miami Cancer Institute and a member of the American College of Surgeons’ board of regents. (Zinner declined to comment.) The conversation led to a plan for the American College of Surgeons to evaluate the surgery programs at several VA hospitals. The plan came very close to a formal announcement and contract, internal emails show, but stalled after Shulkin was fired, according to the organization’s director, David Hoyt.

Besides advocating for friends’ interests, some of the Mar-a-Lago Crowd’s interventions served their own purposes. Starting in February 2017, Perlmutter convened a series of conference calls with executives at Johnson & Johnson, leading to the development of a public awareness campaign about veteran suicide. They planned to promote the campaign by ringing the closing bell at the New York Stock Exchange around the time of Veterans Day.

The event also turned into a promotional opportunity for Perlmutter's company. Executives from Marvel and its parent company, Disney, joined Johnson & Johnson as sponsors of the Veterans Day event at the stock exchange. Shulkin rang the closing bell standing near a preening and flexing Captain America, with Spider-Man waving from the trading pit, and Marvel swag distributed to some of the attendees. "Generally the VA secretary or defense secretary don't shill for companies," the leader of a veterans advocacy group said.

The VA was aware of the ethical questions this event raised because of Shulkin's relationship with Perlmutter. An aide to Shulkin sought ethics advice from the agency's lawyers about the appearance. In an email, the aide noted, "the Secretary is friends with the President of Marvel Comics, Mr. Ike Perlmutter, but he will not be in attendance." The VA redacted the lawyer's answer, and the agency's spokesman would not say whether the ethics official approved Shulkin's participation in the event.

Perlmutter did not answer specific questions about this episode. His joint statement with Moskowitz and Sherman said, "None of us has gained any financial benefit from this volunteer effort, nor was that ever a consideration for us."

Perlmutter also facilitated a series of conference calls with senior executives from Apple. VA officials were excited about working with the company, but it wasn't immediately obvious what they had to collaborate on.

As it turned out, Moskowitz wanted Apple and the VA to develop an app for veterans to find nearby medical services. Who did he bring in to advise them on the project? His son, Aaron, who had built a similar app. The proposal made Apple and VA officials uncomfortable, according to two people familiar with the matter, but Moskowitz's clout kept it alive for months. The VA finally killed the project because Moskowitz was the only one who supported it.

Moskowitz, in the joint statement, defended his son's involvement, calling him a "technical expert" who participated in a single phone call alongside others. "Any development efforts, had they occurred, would not have involved Aaron or any of us. There was no product of Dr. Moskowitz's or Aaron's that was promoted or recommended in any way during the call," the trio said. "Again, none of us, including Aaron, stood to receive any financial benefit from the matters discussed during the conversation — and any claims to the contrary are factually incorrect."

Moskowitz had more success pushing a different pet cause. He has spent years trying to start a national registry for medical devices, allowing patients to be notified of product recalls. Moskowitz set up the Biomedical Research and Education Foundation to encourage medical institutions to keep track of devices for their patients to address what he views as a dangerous hole in oversight across the medical profession. At one point, the foundation built a registry to collect data from doctors and patients. Moskowitz chaired the board, and Perlmutter's wife was also a member. Moskowitz's son earned \$60,000 a year as the executive director, according to tax disclosures.

Moskowitz pushed the VA to pick up where he left off. He joined officials on weekly 7:30 a.m. conference calls in which officials discussed organizing a summit of experts on device registries and making a public commitment to creating one at the VA. In an email to Shulkin, the VA official in charge of the project referred to it as the "Bruce Moskowitz efforts."

When the summit arrived, on June 4, Moskowitz and his son did not attend. It's not clear what role they will have in setting up the VA's registry going forward — their foundation has shut down, according to its website, and Moskowitz's son said he's no longer involved. But in his opening remarks at the summit, Peter O'Rourke, then the acting secretary, offered a special thanks to "Dr. Bruce Moskowitz and Aaron Moskowitz of the Biomedical Research and Education Foundation" as "driving forces" behind it.

Over the course of 2017, there was growing tension within the Trump administration about how much the VA should rely on private medical care. During the campaign, Trump championed letting veterans see any doctor they choose, inside or outside the VA system. But Shulkin warned that such an approach was likely to result in poorer care at a higher cost. His preferred solution was integrating government-run VA care with a network of private providers.

In September 2017, the Mar-a-Lago Crowd weighed in on the side of expanding the use of the private sector. "We think that some of the VA hospitals are delivering some specialty healthcare when they shouldn't and when referrals to private facilities or other VA centers would be a better option," Perlmutter wrote in an email to Shulkin and other officials. "Our solution is to make use of academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help this effort."

In other words, they proposed inviting private health care executives to tell the VA which services they should outsource to private providers like themselves. It was precisely the kind of fox-in-the-henhouse scenario that the VA's defenders had warned against for years. Shulkin delicately tried to hold off Perlmutter's proposal, saying the VA was already developing an in-house method of comparing its services to the private sector.

Shulkin also clashed with the Mar-a-Lago Crowd over how to improve the VA's electronic record-keeping software (the one episode involving the trio that has previously surfaced, in a report by Politico). The contract, with a company called Cerner, would cost more than \$10 billion and take a decade to implement. But Moskowitz had used a different Cerner product and didn't like it. He complained that the software didn't offer voice recognition, even though newer versions of Cerner's product do. For months, the Mar-a-Lago Crowd pressured Shulkin to put the contract through additional vetting.

On Feb. 27, 2018, Shulkin flew to Mar-a-Lago — not to see Trump, who was back in Washington, but to meet with Perlmutter, Moskowitz and Sherman. The trip was supposed to close the deal on the Cerner contract, according to two people familiar with the meeting. By then, Shulkin's stature had been badly diminished by an ethics scandal, and he expected he didn't have much longer in the job, but he wanted to finish the Cerner deal first.

Shulkin brought O'Rourke, an ex-Trump campaign aide who stepped in as chief of staff after the ethics scandal led to the departure of Shulkin's top aide. O'Rourke took the opportunity to ally himself with the Mar-a-Lago Crowd. "It was an honor to meet you all yesterday," he wrote in a follow-up email. "I want to ensure that you have my VA and personal contact information." He then provided his personal cell phone number and email address. (Using personal email to conduct government business can flout federal records laws, as President Trump and his allies relentlessly noted in their attacks on Hillary Clinton during the 2016 campaign.) "Thank you for your support of the President, the VA, and me," O'Rourke wrote. (O'Rourke didn't answer requests for comment.)

Perlmutter welcomed the overture. "I feel confident that you will be a terrific asset moving forward to get things accomplished," he replied.

The Mar-a-Lago Crowd grew frustrated with Shulkin, feeling like he wasn't listening to them, and Perlmutter came to regret recommending Shulkin to Trump in the first place, according to people familiar with his thinking. That aligned them with political appointees in the VA and the White House who started to view Shulkin as out of step with the president's agenda.

One of these officials, senior adviser Camilo Sandoval, presented himself as Perlmutter's eyes and ears within the agency, two former officials said. For instance, in an email obtained by ProPublica, Sandoval kept tabs on the Apple project and reported back to Moskowitz and Sherman. "I will update the tracker, and please do let me know if this helps answers [sic] questions around Apple's efforts or if additional clarification is required," he wrote. Sandoval, who didn't answer requests for comment, knew Perlmutter because he worked on the campaign with Trump's son-in-law, Jared Kushner, who is also close with Perlmutter.

In December, White House adviser Jake Leinenkugel sent Sandoval a memo outlining a plan to upend the department's leadership. Leinenkugel would not say who asked him to write the memo. But it was clearly not intended for Sandoval alone, since it refers to him in the third person. Three people familiar with the situation said the memo was sent to Sandoval as a channel to Perlmutter. The spokeswoman for Perlmutter, Sherman and Moskowitz said they didn't know about the memo.

The memo recommended easing Shulkin out and relying on Perlmutter for help replacing him. "Put [Shulkin] on notice to exit after major legislation and key POTUS VA initiatives in place," the memo said. "Utilize outside team (Ike)." Although several factors contributed to Shulkin's downfall, including the ethics scandal and differences with the White House over legislation on buying private health care, three former officials said it was his friction with the Mar-a-Lago Crowd over the Cerner contract that ultimately did him in.

Perlmutter, Moskowitz and Sherman dispute that contention. "Any decisions of the agency or the president," they noted in their statement, "as well as the timing of any agency decisions, were independent of our contacts with the VA."

But it wasn't just Shulkin — all the officials that the Leinenkugel memo singled out for removal are now gone, replaced with allies of Perlmutter, Sherman and Moskowitz. The memo suggested that Sandoval take charge of the Office of Information and Technology, overseeing the implementation of the Cerner contract; he got the job in April. The memo proposed removing Deputy Secretary Tom Bowman; he left in June, and the post hasn't been filled. The memo floated Richard Stone for under secretary for health; he got the job on an acting basis in July. Leinenkugel himself took charge of a commission on mental health (the same topic Moskowitz had emailed O'Rourke about). O'Rourke, having hit it off with the Mar-a-Lago Crowd, became acting secretary in May.

Trump initially nominated White House doctor Ronny Jackson to replace Shulkin, with Pentagon official Robert Wilkie filling in on a temporary basis. On Wilkie's first day at the VA, Sherman was waiting for him in his office, according to a calendar record.

Within a few weeks, Wilkie made a pilgrimage to Mar-a-Lago. He tacked it onto a trip to his native North Carolina, and O'Rourke caught up with him in Palm Beach. They visited a VA

hospital and rehab facility, then headed to Mar-a-Lago to meet with Perlmutter, Moskowitz and Sherman, according to agency records.

The Mar-a-Lago Crowd gave Wilkie and O'Rourke rave reviews. "I am sure that I speak for the group, that both you and Peter astounded all of us on how quickly and accurately you assessed the key problems and more importantly the solutions that will be needed to finally move the VA in the right direction," Moskowitz told Wilkie in a follow-up email.

Perlmutter was similarly thrilled with the new regime. "For the first time in 1½ years we feel everyone is on the same page. Everybody 'gets it,'" he said in an email. "Again, please know we are available and want to help any possible way 24/7."

Wilkie replied that the honor was his. "Thank you again for taking time to see me," he wrote.

Soon after, Jackson's nomination imploded over allegations of misconduct as White House physician. (Jackson denied the allegations, and they're still being investigated.) At that point, Perlmutter's endorsement cleared the way for Trump to nominate Wilkie.

Wilkie, who was sworn in on July 30, now faces a choice between asserting his own authority over the VA or taking cues from the Mar-a-Lago Crowd. Wilkie reportedly wants to sideline O'Rourke and Sandoval and restock the agency leadership with his own people. But people familiar with the situation said the Mar-a-Lago Crowd's allies are pushing back on Wilkie's efforts to rein them in. As his predecessor learned the hard way, anyone who crosses the Mar-a-Lago Crowd does so at his own risk.

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1.4 - U.S. News & World Report (AP): [Report: Madison VA Hospital Care Deficient Before Suicide](#) (7 August, 23.9M uvm; Washington, DC)

MADISON, Wis. (AP) — A new federal report finds that Madison's Veterans Hospital provided deficient care for a patient who killed himself a day after being discharged last year.

The report by the VA Office of the Inspector General found that hospital staff did not hold the man for an additional 72 hours, as they could have. The report also cited problems with discharge planning, follow-up and outpatient pharmacy care.

Wisconsin U.S. Sens. Tammy Baldwin and Ron Johnson requested the review.

The Wisconsin State Journal says the report doesn't name the veteran, but his mother identifies him as 24-year-old Robert Franks-Mess, a 24-year-old Marine veteran from Lake Mills.

In a statement, Madison VA Director John Rohrer says the hospital has started coordinating more with family members and county crisis services before veterans are discharged.

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1.5 - The Chippewa Herald: [Madison VA hospital's care deficient before veteran's death by suicide, report says](#) (7 August, David Wahlberg, 197k uvm; Chippewa Falls, WI)

Madison's Veterans Hospital provided deficient care for a mentally ill patient who killed himself a day after being discharged last year, according to a new federal report.

Staff didn't hold the man for an additional 72 hours, as they could have, and there were problems with discharge planning, follow-up and outpatient pharmacy care, says a report by the VA Office of the Inspector General.

"These deficiencies in care may have set the stage for progressive worsening of this veteran's (mental health) disorder that ultimately was a factor in his death by suicide," says the report, released last week after a review requested by U.S. Sens. Tammy Baldwin, a Democrat, and Ron Johnson, a Republican.

Robert Franks-Mess, a 24-year-old Marine veteran from Lake Mills, died by suicide on Feb. 18, 2017, after being treated at the Madison VA for depression, post-traumatic stress disorder and traumatic brain injury, said his sister, Dawn Franks-Mess, of Madison.

The federal report doesn't name Robert Franks-Mess, but he is the subject of the report, said his mother, Kathleen Franks, of Madison. She and Dawn Franks-Mess said they were interviewed by OIG investigators as part of the review, and the details of his treatment and death match those in the report.

Robert Franks-Mess, who served in the Marines from 2010 to 2013, was diagnosed with mental illness in 2014, his sister and mother said. As his symptoms worsened, he was hospitalized twice at the Madison VA in 2017.

On Feb. 17 of that year, after being in the hospital two days, he was discharged after a psychiatrist told Kathleen Franks to remove guns from their home, which she had already done, Franks told the State Journal. The next day, he used a gun obtained elsewhere to take his life.

"They definitely need to improve their care," Franks said. "Hopefully we can get the awareness out there, that there needs to be improvements within all of the VA facilities around the country."

John Rohrer, director of the Madison VA, said in a statement that the hospital has started coordinating more with family members and county crisis services before veterans are discharged.

"Unfortunately, in mental health and in all medicine, no set of policies or process will succeed in preventing every negative outcome," Rohrer said. "While we do not agree with every aspect of the OIG report, we continue aggressively to seek ways to improve our care."

The report says a psychiatrist considered holding the veteran involuntarily for 72 hours to protect him from self-harm, but thought he might react negatively and said he agreed to return for clinic visits. The doctor also believed the patient's main reason for coming to the hospital was "manipulative," saying he was trying to get a wrist surgery scheduled more quickly.

Franks said her son was withdrawn and feeling helpless, and clearly having a mental health crisis. When a nurse told her he was being discharged, she said she couldn't believe it.

"I said, 'Are you kidding me? Do you not see what kind of state he's in?'" Franks said. "I don't feel like I had a choice to talk with them and convince them that he needed to stay."

Dawn Franks-Mess said that other than keeping guns out of the home, there was little discussion about what the family could do to keep her brother safe. "I don't feel like we were given tools to help him," she said.

During the hospital stay before the suicide, the report said, the patient reported continued suicidal thoughts and didn't appear to be responding to treatment. "Although in hindsight, it would have been better not to discharge" him, the psychiatrist "had a clear and medically acceptable rationale for doing so," the report said.

Discharge planning and follow-up care were inadequate, the report said. Psychiatric clinical pharmacists didn't properly assess the patient's symptoms, evaluate his response to medication or monitor him for mood disorder and suicidal thoughts in the months before the hospital stay, the report said.

Similar deficiencies among psychiatric clinical pharmacists were found for another patient who died by suicide 13 months earlier, the report said.

The report also said the pharmacists acted outside of the scope of practice in changing diagnoses and providing psychotherapy.

In addition, inspectors cited "ethically questionable enrollment in a research study," saying the patient participated in a study but may not have been able to consent voluntarily, thinking participation was required as part of treatment.

Dawn Franks-Mess said the study involved taking lithium or a placebo, and the family later learned her brother was on the fake drug.

Robert Franks-Mess, who liked hunting, fishing and working on cars, had been outgoing and fun-loving before becoming withdrawn, his sister and mother said.

Shortly before his death, he started to help Lake Mills renovate its skateboard park, which he used growing up. That is where he was found dead, Kathleen Franks said.

"How many more families need to go through this before changes are truly made?" she said.

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2. Greater Choice for Veterans

2.1 - CNBC: Three civilians from Mar-a-Lago are reportedly making decisions for the VA (7 August, Yen Nee Lee, 26.1M uvm; Englewood Cliffs, NJ)

An "informal council" of three people who have neither served in the U.S. military nor hold government positions was found to exert "sweeping influence" on policies concerning America's military veterans, ProPublica reported on Tuesday.

The three are Marvel Entertainment Chairman Isaac "Ike" Perlmutter, a Palm Beach doctor named Bruce Moskowitz and lawyer Marc Sherman, according to ProPublica. The report said it

was based on "hundreds of documents obtained through the Freedom of Information Act and interviews with former administration officials."

All three men are members of Mar-a-Lago, U.S. President Donald Trump's private club in Palm Beach, Florida, according to the report. The trio spoke with officials from the U.S. Department of Veterans Affairs daily and reviewed "all manner of policy and personnel decisions," ProPublica said.

Perlmutter also talks to Trump regularly on the phone and is the first person the president calls on issues concerning veterans, the news outlet reported.

The White House, the VA, Marvel Entertainment and Sherman didn't immediately reply to CNBC's emails seeking comment. CNBC couldn't reach Moskowitz for comment through a publicly listed phone number.

Perlmutter, Moskowitz and Sherman told ProPublica — through a crisis-communication consultant — that they offered help and advice on a voluntary basis. They insisted they have no authority over the department's decisions, the report said.

White House spokeswoman Lindsay Walters told ProPublica the three "have no direct influence over the Department of Veterans Affairs," while VA spokesman Curt Cashour said "a broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half."

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2.2 - The Hill: Mar-a-Lago insiders provided input on VA policy, personnel decisions: report (7 August, Brett Samuels, 11.8M uvm; Washington, DC)

A trio of high-profile individuals with ties to President Trump's Mar-a-Lago golf club provided input and directives to staff at the Department of Veterans' Affairs (VA), despite never serving in government or the military.

ProPublica reported Tuesday that Marvel Entertainment chairman Ike Perlmutter, Palm Beach doctor Bruce Moskowitz and attorney Marc Sherman communicated daily with VA officials about personnel and policy decisions.

The news outlet obtained hundreds of documents that showed the three men suggested new programs and met with senior VA officials in Florida to advise them on the department's agenda.

ProPublica cited an instance where former VA Secretary David Shulkin clashed with Moskowitz over an overhaul of the agency's records system. Politico previously reported that Moskowitz objected to the project because he disliked the software involved. He later joined conference calls on the subject with White House approval.

In another example, Moskowitz urged the VA to start a national registry for medical devices, a cause he had championed for years, ProPublica reported. He joined officials on weekly conference calls to discuss the matter.

ProPublica cited an instance where Perlmutter wrote to Shulkin urging him to consider using private medical centers and trade groups to advise the VA on which resources to outsource.

Perlmutter, Moskowitz and Sherman issued a statement to ProPublica saying they offered their help "on a voluntary basis," adding that they "did not make or implement any type of policy... or direct government officials to take any actions."

White House spokeswoman Lindsay Walters told the news outlet that the three men "have no direct influence over the Department of Veterans Affairs."

The VA has been a focus of President Trump's, as he has repeatedly promised to deliver improved care for veterans.

However, the agency has already undergone multiple leadership changes during the Trump administration and been a source of reported dysfunction.

Shulkin was ousted earlier this year amid an investigation into ethical misconduct. He and Trump reportedly clashed over the privatization of the VA. During his tenure, he spoke out dealing with staffers who defied his leadership.

Robert Wilkie was confirmed late last month to serve as the new secretary of the agency after Trump's initial replacement pick, Ronny Jackson, withdrew amid scrutiny over alleged workplace misconduct.

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3. Modernize Our System

3.1 - Stars and Stripes: We can give GIs seamless, lifetime medical records (7 August, Rep. Jim Banks (R-Ind.), 1.5M uvm; Washington, DC)

When our servicemembers wear the uniform, they make a commitment to serve our country. In return, our country makes a commitment to them: to take care of our heroes when they come home.

This Congress has been the most productive in decades in delivering results for our veterans. We've sent bipartisan legislation to President Donald Trump's desk that brings accountability to the Department of Veterans Affairs, increases transparency in the timeliness and quality of care, and streamlines the broken appeals process for disability claims — and passed the largest expansion of GI Bill benefits since the original GI Bill was signed into law. The House has passed more than 70 veterans bills and 26 of those have been signed by the president.

Although we're delivering on our promises to our nation's veterans, Congress has an important oversight role to ensure the VA stays on track.

VA health care relies on an electronic health record, or EHR, system that, like so many other government IT systems, is falling behind the state of the art. While the current EHR was groundbreaking in the 1980s and its ability to share medical records among different VA hospitals was impressive, today it is increasingly starved of new capabilities. Its operations and

maintenance costs are \$1 billion per year and climbing, and its ability to communicate with the Department of Defense's system is far from seamless. When servicemembers become veterans their medical records still do not automatically follow them into the VA. Similarly, when the department refers veterans to private providers in their communities, far too often the only way to transfer records is by fax.

Outside experts have been recommending for years that the VA and the DOD implement the same commercial EHR system. In May, the VA began the largest EHR modernization program in the country and signed one of the largest IT contracts in the federal government — following the DOD, which did so in 2013. This multibillion-dollar, 10-year effort, if properly implemented, will modernize not just the VA's EHR system, but the way health care is delivered, making its quality more consistent around the country. It will finally achieve the decades-old goal of a seamless, lifetime health record from enlistment to old age.

The key caveat is this transition must be managed properly. The VA has a long and troubling history of IT mismanagement, and even under the best of conditions in the private sector EHR transitions are usually bumpy.

The EHR modernization has huge potential to be disruptive, and its failure would be catastrophic to both veterans and taxpayers, which is why Congress must exercise extraordinary oversight. That's why last month, the House Committee on Veterans' Affairs created a new subcommittee on technology modernization dedicated to the task.

I'm pleased to announce that the subcommittee will hold our first hearing on Sept. 13. The focus of this hearing will be on the role of the Interagency Program Office. The IPO was created by Congress to act as the single point of accountability for the DOD and the VA to implement a fully interoperable electronic health record system. Ten years later, we're still discussing ways to achieve interoperability, so this development has been anything but rapid. While the IPO can and should be a powerful force for good management, it's clear it is not being utilized to its full potential. We must ensure the IPO has the authority to carry out the mission Congress gave it. Close collaboration between the DOD and the VA is absolutely essential in order to achieve a seamless, lifetime medical record, and the IPO is the best forum to ensure that collaboration.

I was honored to be chosen as chairman of this important subcommittee, and I commit to veterans and taxpayers to ask the hard questions. Far too often Congress only finds out a government program is failing when it has already become a crisis. I am determined to do all I can to make sure that is not the case; I pledge to monitor this program every step of the way. Furthermore, Congress and the VA must remain focused on the actual needs of veterans and the dedicated VA employees who care for them. EHR modernization for the sake of EHR modernization is not good enough.

Finally, partisanship has no place in this issue, and it would be a shame to allow it to creep it into the discussion. The VA's EHR modernization will span multiple administrations and Congresses, as the DOD's already has. The House Committee on Veterans' Affairs has distinguished itself for constructive bipartisanship, and I am proud to continue this tradition.

Rep. Jim Banks, an Indiana Republican, is chairman of the House Committee on Veterans' Affairs subcommittee on technology modernization.

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3.2 - WBTV (CBS-3): Salisbury VA to open new clinical laboratory and ICU (7 August, David Whisenant, 319k uvm; Charlotte, NC)

SALISBURY, NC - A special ribbon cutting will be held on Wednesday for the new clinical lab and ICU at the W.G. "Bill" Hefner Veterans Administration Medical center in Salisbury.

The new Salisbury VAMC clinical laboratory is a full-service lab that supports the inpatient hospital, the operating room, outpatient clinics, oncology clinic, dialysis and two free standing Health Care Centers.

The new facility will support a population of nearly 89,000 veterans, according to the VA.

The ICU unit is increased from 5 beds to 10 beds with private rooms.

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3.3 - WJCT (NPR-89.9): Outpatient Health Clinic For Veterans Will Open In Orange Park (7 August, Cyd Hoskinson, 54k uvm; Jacksonville, FL)

Military veterans in Clay County are getting a new Veterans Administration outpatient health clinic.

76-year-old Gary Newman started the Clay County chapter of the Vietnam Veterans of America. He said right now, the thousands of veterans who live in the area have to go to the VA clinic in Jacksonville for routine health care.

"Most of us World War II and Vietnam veterans, Korean veterans, we're at an age where travel is pretty hard for us sometimes," said Newman.

Newman said many Vietnam vets have chronic heart and respiratory conditions brought on by their exposure to Agent Orange, a chemical that was dropped from airplanes.

"There were other issues, too. There were burn pits where they burned human waste in these big barrels. And the smoke—many of the veterans were exposed to that," Newman said.

Newman's organization worked with Northeast Florida Congressman Ted Yoho to convince VA officials that the new clinic in Orange Park is needed.

The VA is renovating a two story building on College Drive. It's expected to open in 2020.

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3.4 - VC Daily: Military Telemedicine Extends Its Reach to Teletherapy for PTSD (7 August, Charlotte T., 2k uvd)

Post Traumatic Stress Disorder is like a terrible echo of life-threatening events from the past. Its sufferers—and there are thousands of them across military and civilian life alike—can become haunted by memories of moments when they or their loved ones were faced with grave danger.

It can leave them unable to sleep, feeling detached or isolated from the world around them, easily startled or irritated, and, in some cases, subject to intense flashbacks that make the sufferer feel like the event is happening again.

Despite those horrors, PTSD, as it is commonly known, is treatable. One of the most successful treatments is based around talk therapy, or psychotherapy, which relies on regular, guided conversation.

In an effort to make those conversations more accessible to veterans, one former-soldier-turned-psychologist is incorporating video conferencing into PTSD treatment. His use of teletherapy for PTSD could pave the way for sufferers to receive treatment without leaving their homes and improve early detection of the disorder.

Teletherapy for PTSD

The veteran in question is Blake Schroedter, whose 17 years in the military included tours in Afghanistan and Iraq. Now, he is the head clinical psychologist of a new program at Rush University Chicago called Road Home aimed at helping veterans cope with the symptoms of PTSD and other mental health issues.

Dr. Schroedter started the program in part because of his own difficulties transitioning back to civilian life after years of service. He recently told the Shelbyville Daily Union that veterans need to be given time to decompress and process their combat experiences once they return home.

To aid that process, the Road Home program offers an intensive trauma program every month. Dr. Schroedter's group invites 12 veterans from all over the country to attend and treats and houses them at no cost.

Importantly, the initial contact between the Rush team and potential patients is over video conference. In Dr. Schroeder's own words, video helps break down barriers that would otherwise prevent veterans from seeking help and saves both time and money.

Unfortunately, due to legal telemedicine restrictions, the program itself cannot be conducted over video conference from outside its home state, but there is hope that could change.

Veterans' Affairs Video Conferencing

Over the course of an hour-long, face-to-face video conference, the Rush University team can assess a potential patient's mental health and determine their suitability for the Road Home program.

That efficient way of bringing together a remotely located expert and a person in need is possible due to video conferencing's ability to recreate the in-person experience over a distance. Scientific studies in other areas of medicine have proven that remote treatment over video can be as effective as an in-person visit—VC Daily has previously highlighted studies into remote treatment for addiction, anxiety, and phobias.

The success of those studies makes it a greater shame that the Road Home program can't currently be made available outside of Illinois.

If it were run under the banner of the Department of Veterans' Affairs, however, it would be open to all. The Department's public status grants it an exemption, and it has been a strong supporter of telemedicine—in 2016 the VA spent \$1.2 billion on telemedicine research and delivery.

Perhaps Dr. Schroedter's combined work in teletherapy assessment and the Road Home project itself could encourage the VA to follow suit with its own version. And, seeing as PTSD also affects the civilian population, his work could be incorporated into existing commercially available teletherapy sites.

Online Video Therapy Anonymity

The chief asset that video conferencing provides the medical field is accessibility. That's true in both a physical sense—people in remote areas need only a webcam and a laptop to potentially reach expert medical opinions the world over—and in an emotional sense. The ability to seek help from the privacy of your own home, and to do so at a time that fits your Statistics on civilian ptsd lifestyle, offers a degree of anonymity that a trip the local clinic can't provide.

Given that most cases of PTSD in the civilian world stem from childhood trauma and deeply personal events such as sexual assault, sufferers may be more open to seeking help if they can do so on their own terms.

Dr. Schroedter is already assessing people online, and web-based counseling services such as TalkSpace offer wholly virtual therapy that builds from text to face-to-face meetings.

We are still learning how the digital communication technologies of today can best be deployed in the healthcare field, but their core function of bringing people together over time and distance offers a unique access point to deeply sensitive issues.

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4. Focus Resources More Efficiently

4.1 - Stars and Stripes: [VA secretary to announce new leader for DC hospital](#) (7 August, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs secretary plans to announce a new, permanent leader for the Washington veterans hospital in the coming weeks after conditions at the facility were reported last month to have deteriorated to a critical level.

VA Secretary Robert Wilkie, who's been on the job for one week, visited the Washington DC VA Medical Center on Monday to meet with hospital leaders. In a statement after his visit, the VA announced it found a new leader for the facility who will begin work "in the near future."

In July, a senior VA health official warned the hospital's administration that they were under review because of deteriorating conditions there during the first half of 2018. The hospital was found not to be improving fast enough, despite VA executives intervening more than a year ago.

The Washington hospital, located in northwest Washington just a few miles from VA headquarters, has been under scrutiny since April 2017, when Inspector General Michael Missal warned VA officials that veterans were being put at unnecessary risk because of supply shortages. The warning prompted then-VA Secretary David Shulkin to fire the hospital director, Brian Hawkins.

Since then, the hospital has been led by two temporary directors, retired Army Col. Larry Connell and Adam Robinson, director of the VA Maryland Health Care System.

Connell, who previously worked on President Donald Trump's transition team and as an adviser to Shulkin, led the Washington facility for one year. He was reassigned in April amid an investigation into whether his appointment to the position broke federal protocols.

Robinson was assigned to lead the Washington hospital for 120 days, which ends this month. He will return to his position in Maryland, the VA said. Hospital Chief of Staff Charles Faselis will take over for two weeks until the permanent director steps into the job.

The VA did not give any further details Tuesday about when the new hospital chief would be named.

Last week, an anonymous group of employees at the Washington hospital sent a letter to Wilkie and other top VA officials, urging them to take action to improve conditions there.

"We ask you, our respected leaders, to stop this cover up and incompetence, to really care and live up to America's promise to its heroes," they wrote. "Enough is enough."

During its investigation, the Office of Inspector General discovered a culture of complacency at the Washington hospital had allowed widespread failures to persist for years.

Since the results of the investigation were released in the spring, inspection reports from the Food and Drug Administration and the VA's National Program Office for Sterile Processing have revealed ongoing problems. The reports, obtained by Stars and Stripes, detailed instances of dirty syringe bottles, unsanitary conditions, rooms in disarray and staff and supply shortages that led to canceled procedures.

On Monday, the VA said the hospital had addressed six of 25 recommendations that the inspector general issued for improving the facility. Wilkie said there had been "substantial improvements" and that hospital leaders "have a strong plan ahead for even more progress in coming weeks."

"We had a good visit today, and I appreciated hearing from facility and regional leadership on the important work that has been done to address the inspector general's concerns, as well as plans for resolving all its remaining recommendations," Wilkie said in a statement.

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4.2 - WFED (AM-1500, Audio): VA's former acting CIO reflects on his tenure (7 August, Freshta Mohammad and Sean Kelley, 854k uvm; Washington, DC)

This Trump Administration has seen a great deal of turnover in career senior executives. The Veteran Affairs Department has definitely seen its share. For this month's show, Cyber Chat's host Sean Kelley sat down with a reflective Scott Blackburn. Blackburn served in many capacities while at the VA, including executive in charge of Secretary Robert McDonald's MyVA Initiative, acting deputy secretary of VA and acting CIO.

Blackburn graduated from both MIT and Harvard and is an Army Veteran and a partner at McKinsey. He comes from a family of veterans and he is a disabled veteran, himself. He says he chose to work at VA because he "was called to serve."

Blackburn's leadership ushered in a great deal of progress in Information Security. He credits the leadership of the Dom Cussatt, VA's chief information security officer (CISO) and the Enterprise Cyber Security Plan as some key pieces of the success.

Blackburn said VA's cyber program is robust. "The past year, they handled 220 million intrusion attempts, 50 million blocked or contained cases of malware, and 366 million suspicious emails that have come into the system to name a few." He said sustainment is the key to having the Agencies Material Weakness removed.

Blackburn said it's difficult to attract the highest quality CIOs and CISOs because the federal government won't offer the highest salaries. But it will never happen without an overall federal strategy to attract but also maintain IT leaders.

"[Leadership drain] happens in the private sector, but I have never seen it like this ... it is a reality of government," Blackburn said. "Any leader coming in can't sit back for six months. You have to get up to speed very quickly. You have to trust the career employees. Where do you want to make change that really matters?"

Blackburn said he is "most proud of always putting the veterans first. VA is now more veteran-centric than it was four years ago. It is more principle based rather than rule based."

Blackburn's message for the folks who still work at the VA: "Keep pushing."

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4.3 - Johnson City Press: [Mountain Home National Cemetery director resigns amid health crisis](#) (7 August, Becky Campbell, 194k uvm; Johnson City, TN)

When Mountain Home National Cemetery Director Jeny Walker and her staff accepted a national award for excellence last week, it was a professional high for her and the team.

It was the second of three awards given by the National Cemetery Administration in her three years directing the cemetery. Walker oversaw a massive expansion project and established an outreach program more inclusive of the community.

Mountain Home National Cemetery has been in the news over and over under Walker's tenure.

Last week's award was given during a ceremony to announce a new project at the cemetery — a corresponding metal arch on the corner of the cemetery across from the Washington

County/Johnson City Veterans Memorial that will say "Where Heroes Rest." The arch at the memorial says "Freedom Is Not Free."

But less than 24 hours after that announcement and award, life came at Walker like a brick wall. She thought she was having a heart attack and called 911 around 4 a.m. on July 31.

It wasn't a heart attack.

Instead, what came out of a doctor's mouth after hours of tests was that she had a very aggressive form of cancer that had already metastasized in three places.

Walker, 61, had survived lymphoma 15 years ago through the traditional methods of treating cancer, and she said she has no desire to go through that fight again because of the side effects of chemo.

When the doctor said it was terminal, Walker made a big decision. Instead of spending her last days — the doctor gave her three months because of how aggressive the cancer is — suffering through chemo or radiation, Walker decided to plan a trip and mark a few things off her bucket list.

Yes, she is still coming to terms with her diagnosis, and she's traveling the rollercoaster of emotions that comes with a fatal diagnosis. But her intent is clear — she'll do anything within her power to not leave this world with things unsaid or undone.

Pretty quickly after the diagnosis, Walker resigned her position and left the helm to a recently hired assistant director. She set about calling close friends with the news, then called a staff meeting last Friday to tell her employees what was going on. Needless to say, everyone was shocked.

Walker, too, feels the shock, but has come to terms with the diagnosis.

"I'm pretty resolved," to the diagnosis, Walker said on Tuesday. "It is what it is. I could sit in bed and be bitter and wait to die. I'm not sitting and waiting on it. I want to go as long as I can, as far as I can."

And if she's no longer able to go, Walker said, she'll return to her hometown of Raleigh, North Carolina, for whatever time she has left. Walker said she's been amazed at the outpouring of support from the Johnson City community as well as areas where she's previously lived.

"So many people have expressed love," she said. "I want to say 'thank you' to the community. This community has opened their arms and hearts to me. The veterans have embraced me, the organizations have embraced me as well as the cemetery. I've made some of the closest friends I've had in my life. It's been fabulous, probably the best three years of my life."

Walker said the past 15 years were a "gift" she'd had and she's made the most of it. During her first round with cancer, Walker said she did a lot of personal growth and gained a different perspective on life.

"Some people would call it borrowed time," she said. "I've had a very blessed life ... I learned to guide my life with an open heart, to always be kind and to always be honest."

Sure, she's angry, but not about what most might think. She's angry "I had to leave a job I love."

Walker said she appreciates the National Cemetery Administration for "letting me do it my way, for giving me a great opportunity. I've helped a lot of people and a lot of veterans. That's the reward."

One thing Walker said she tells her grandchildren is "learn something new every day. You have to look for that message every day."

Walker takes that message to heart and said she's still learning and growing as a person — and she'll continue following that path until her journey ends.

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4.4 - Williamson Daily News: Hershel 'Woody' Williams VA, local professionals discuss vets' mental health (7 August, Bishop Nash, 24k uvm; Williamson, WV)

HUNTINGTON - The Hershel "Woody" Williams VA Medical Center in Huntington hosted its sixth annual mental health summit Friday afternoon, meeting jointly with outside mental health agencies toward serving their common goal in creating better lives and conditions for the area's military veterans.

The summit brought under one roof voices from across the region's mental health sector, such as the Prester Center and Marshall University, to coordinate their often overlapping and interwoven efforts, discuss what may or may not be working, identify any gaps in service, and to hear first-hand feedback from veterans themselves.

"I think we're doing great mental health care here in Huntington, but you can always do better," said Chuck Weinberg, VA local recovery coordinator. "So we've giving the message to veterans that we're on an improvement program too."

"The mental health summit affords partners the opportunity to learn more about the experiences and behavioral health needs of area veterans and their families," added Kim Miller, Prester Center director of development. "It's a great opportunity to network and share information about our programs and services."

Veterans are not beholden to seeking care from the VA system, making it important for outside mental health providers to understand and stay up-to-date on the needs of the veterans they mutually serve, said Kim White, assistant professor of social work at Marshall University and U.S. Navy veteran.

"It's one thing to offer services, but it's very important for a service provider to understand veteran culture as sort of a subculture to our larger culture," White said.

Post-traumatic stress disorder has long been the most talked about and troubling mental health issue affecting veterans since the Vietnam War, but White pointed out current issues surround problems in fully acclimating a veteran back into civilian life.

Regionally, these issues primary to veterans often intersect with existing widespread mental health problems in Appalachia, such as addiction and a poor economy.

"We're in an economic situation that isn't always conducive to immediate employment when you (as a veteran) may be used to being in charge, being a leader and being paid what you're worth," White said. "To have to come back into civilian society, it can be very difficult for people and the heads of households to not be able to find a job quickly when they return. And that can be devastating for a person's identity."

The Hershel "Woody" Williams VA Medical Center serves nearly 30,000 veterans in 10 counties in West Virginia, 12 counties in eastern Kentucky, and two counties in southern Ohio from its 80-bed facility off Spring Valley Drive.

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5. Improve Timeliness of Service

5.1 - MLive: Wurtsmith base water may have caused veteran cancers (7 August, Garret Ellison, 10.9M uvm; Ann Arbor, MI)

OSCODA, MI -- Drinking water laced with high levels of poisonous chemicals may be to blame for cancer and other chronic disease among veterans and families who lived at Wurtsmith Air Force Base in northern Michigan, according to a new federal health report draft.

That conclusion, reached in July by the Agency for Toxic Substances and Disease Registry (ATSDR), sets the table for Congress to consider legislation that would force the Department of Veterans Affairs to extend health benefits to base veterans without making them somehow prove their illnesses are linked to chemical exposure.

No bill has yet been introduced, although U.S. Rep. Dan Kildee, D-Flint, says he's working on legislation similar to that which forced the VA to cover similar health claims at Camp Lejeune in North Carolina, where drinking water was contaminated with chlorinated solvents.

Those same chemicals, notably benzene and trichloroethylene (TCE), were documented at extremely high levels in Wurtsmith water when the former B-52 bomber base was active.

"We must do more to help veterans exposed to harmful chemicals during their military service," said Kildee in a statement. "It is troubling that veterans may have a higher risk of cancer and other health effects if they were exposed to TCE and other harmful chemicals."

"This report's findings demonstrate that all levels of government must do more to help veterans get the health care they need," he said.

The ATSDR report concludes that people who consumed or had skin contact with Wurtsmith water "may be at an increased risk for cancer." The finding is based on new lower risk levels for exposure to TCE and benzene than were used in a 17-year-old assessment, which called it "unknown" whether past contamination posed a hazard.

The updated report conclusions are based largely on long-term exposure over a period of years, but note that, for pregnant mothers, even short term exposure to TCE during the first trimester could have resulted in heart birth defects in their baby children.

The base opened in 1923 and closed in 1993. TCE was found in Wurtsmith water in 1977, but the report notes the drinking water wells on base "could have (been) contaminated for many years before the initial discovery." All wells were shut down by 1997, when the base switched to a municipal system which draws from Lake Huron.

The Air Force installed a groundwater treatment system to cleanup TCE in the early 1980s after being sued by the state of Michigan.

The ATSDR looked at past levels of TCE and benzene, but did not consider exposure to per- and polyfluoroalkyl substances, or PFAS, contamination caused by base firefighters using chemical-based firefighting foam. The chemicals were found in Wurtsmith groundwater in 1998 but did not get significant attention until the state issued a local advisory for well owners in 2016.

According to the ATSDR, TCE levels in a well at the corner of Arrow Street and N. Skeel Avenue were as high as 5,173 parts-per-billion (ppb) during a 1977 test -- more than 1,000 times the EPA's current limit of 5-ppb for TCE in drinking water. TCE in another well on Jet Street near the present day Wurtsmith museum was 1,739-ppb.

"When it's all said and done, I think the exposures to TCE and vinyl chloride up there are going to be higher than Camp Lejeune," said Jerry Ensminger, a veteran who spearheaded the effort to get health benefits at Lejeune after the death of his daughter, Janey.

Ensminger began pushing for exposure-related benefits in 1997. In 2012, Congress passed a law named after his daughter that forced the VA to automatically presume diseases like adult leukemia, bladder, kidney and liver cancer, Non-Hodgkin's lymphoma and Parkinson's disease were caused by base water exposure.

As with Wurtsmith, the initial ATSDR public health assessment of Lejeune contamination lowballed the exposure concern. It was eventually updated in 2009. The Veterans & Civilians Clean Water Alliance group of Wurtsmith veterans and families pushed the ATSDR to update the base report last year. Ensminger likened the hurdle to awaiting formal diagnosis of an obvious problem.

"You know your house is on fire. You see the fire and the smoke, but your house is not 'officially' on fire until the fire department gets there and says so," he said. "That's the same thing with these contamination sites and toxic exposures. You need an official to come in and say, 'yea, they were exposed at harmful levels.'"

"Now, somebody has to go to Capitol Hill."

Kildee said he's working both sides of the aisle for bipartisan support on a Wurtsmith bill, but did not offer a timeline or specifics. Congress has been appropriating money to address contamination at military bases recently, but those funds are specifically tied to PFAS exposure.

The cost of extending presumptive benefits to Wurtsmith veterans could be high. The VA estimated last year it will pay \$2.2 billion by 2022 to Lejeune veterans under the new program, and that doesn't include coverage for certain civilians and family members.

Wurtsmith veteran Scott Flannery of Manassas, Va., lived on base in the late 1970s. He's considered completely and permanently disabled after a 32-year military career.

Flannery, who helped push for the health assessment update, said he's glad that everything has "come to fruition" but also hopes the federal government will "do the right thing with the issues affecting them now with the firefighting foam."

"I'm hoping all the best for all those who could have been potentially affected," Flannery said.

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5.2 - Billings Gazette: Veteran finds pain relief without pills through rehab and therapy with Billings naturopaths (7 August, Susan Olp, 854k uvm; Billings, MT)

Casey Jourdan, a veteran of the Iraq War, is no stranger to pain.

She spent six years in the Montana National Guard, and was deployed in Iraq for a year, starting in 2003. She primarily worked as a turret gunner doing convoy security.

On April 13, 2004, she was wounded in a roadside bombing. It left her with permanent joint and nerve damage in her left shoulder, elbow and wrist.

An X-ray didn't reveal the separation in her shoulder, which was discovered later. And since Jourdan didn't sustain any injuries from shrapnel and no bleeding, she decided to stay with her company.

The X-ray also couldn't reveal that Jourdan had developed PTSD and a traumatic brain injury. When she came home to Montana and enrolled at Montana State University, the combination of the two led her to drop out.

She sought therapy for her PTSD, and the depression and anxiety that came with it. But the TBI caused visual spatial damage, which impaired her ability to read, a connection Jourdan didn't figure out until five years after she was discharged.

It forced her to re-learn that most basic skill, and she still deals with other TBI-related issues.

"I have short-term memory issues, and I had to learn to read again," Jourdan said. "From a near-photographic memory, now I can't tell you what I ate for breakfast today."

She spent much of her time seeing doctors to deal with her medical issues. Through the VA medical system she got shoulder surgery to try and regain some feeling back in her hands.

She praises the level of care she got, but her treatment was spread among different physicians.

"I saw one doc for shoulder stuff and his answer was either pain pills or ibuprofen and therapy," Jourdan said. "I had another doc for occupational therapy for TBI and meds for anxiety. And a third doc prescribed antidepressants and mental health therapy for PTSD."

Eventually she moved to Billings, where she earned a bachelor's degree in political science and a master's degree in mental health counseling. Jourdan is self-employed and does CrossFit coaching.

She went to Yellowstone Naturopathic Clinic as an alternative to pills, which she avoided, to find relief for her chronic shoulder pain. Chiropractic care and massage therapy decreased the pain and rehab helped her get back in the gym, to get more active.

"I went through weeks of chiropractic care and massage therapy as part of dealing with my chronic shoulder pain, and it made a big difference for me," Jourdan said. "It really got my pain into a much more manageable area."

Now, she'd like to see more veterans try the naturopathic route. And if the care isn't covered by the Veteran's Administration, then a foundation created in honor Paul Gardner, a vet who accidentally overdosed on pain medication, will pay for the treatment.

Jourdan knew Gardner, who was a good friend and helped her come out of her shell when she moved to Billings. Like Jourdan, Gardner had a TBI and some nerve damage.

"His injuries were a bit worse than mine, but he was working hard, getting physically and emotionally better and trying to really put his life back together," she said.

Through his death, the foundation was born. Jourdan, a member of the board, and the others involved with the nonprofit, hope other veterans, with the foundation's help, will find answers to their pain so they don't suffer the same fate.

"We want to show that if we take a more holistic approach to all these problems, we will get a better-long term outcome," she said.

Developing the program

The treatments are part of a pain clinic developed by Dr. Margaret Beeson, naturopath and founder/owner of the Yellowstone Naturopathic Clinic, and Patricia Holl, a chiropractor at the clinic. The concept for the Yellowstone Pain Relief Center began before the focus turned to helping wounded veterans, Beeson said.

Many of the treatments already were available, including chiropractic care, regenerative injection therapies to spur ligament healing, acupuncture and therapeutic massage, among others. The idea was to bundle them to help patients who relied on drugs, including opioids, for pain relief.

"We decided we were going to take people on paid meds struggling to get off them," she said. "We'd review their cases and come up with a four- to six-week treatment program to show them they could reduce their meds."

In the middle of planning for the new center in March 2011, Beeson met with George Blackard, who worked with the clinic on IT issues. Blackard, who also is commander of American Legion Andrew Pearson Post 117, told Beeson that a young vet — Paul Gardner — had died the night before of an accidental overdose.

Beeson and Holl thought the pain clinic might be a good fit for veterans like Gardner. They worked with Blackard and Gardner's family to create a foundation to help fund treatment for vets.

The VA referred to the clinic quite a bit, and at that time it was paying for chiropractic and massage and some acupuncture, Beeson said. But it wouldn't cover the injection therapy, and now doesn't cover some of the other treatments.

To help vets seeking non-narcotic options for rehabilitation and pain relief, the Paul Gardner Veterans Pain Relief Foundation was formed.

"Then we decided 'let's do a study to see if we can show these things can help vets get off their drugs,'" Beeson said.

The goal of the study was to evaluate if a multi-treatment approach to healing low back pain could indeed reduce pain, decrease pain medication use and increase quality of life for vets enrolled in the study. It was open to participants ages 20-40 who had been deployed in the Iraq or Afghanistan wars.

They had to meet certain qualifications and agree to take part in all the screenings and treatments. To date, seven vets have taken part in the study, and Beeson and Holl hope that number will continue to grow.

Regardless of whether vets qualify for the study, the foundation will cover the costs of their treatment at the clinic.

"We told vets 'we will serve you no matter what,'" Beeson said. "If they don't fit in the study, we will make sure they get the treatment they need."

Holl, who oversees the vets' therapy, sees the many challenges they face, calling them a fragile population.

"They come here and have other crises because they have injuries and a dependency on opioids," she said. "They can't keep jobs, their family breaks down and it cascades in a downward spiral. That's what we're trying to help."

For vets who are willing to commit themselves to completing the treatment, Holl has seen a positive result.

"I've gotten letters from some of the attendees thanking us for helping them get their lives back," she said. "The patient who walks in the door on day one and the one who walks out the door at the end is different. It's striking."

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5.3 - WZTV (FOX-17): Viral photo of Tennessee veteran on VA hospital floor sparks outrage (7 August, Kaylin Jorge, 484k uvm; Nashville, TN)

MURFREESBORO, Tenn. - A photo showing a veteran passed out on the floor at a middle Tennessee Department of Veterans Affairs hospital has sparked outrage and continues to go viral.

However, the VA is saying the story being shared on social media isn't what transpired.

FOX 17 News spoke with Gail Hobbs, who took a photo of her brother, Tony Sims, passed out on the floor at Murfreesboro VA. It's been liked and shared more than 300,000 times in just three days.

Gail, who has been taking care of Tony since April, said she took Tony to the Murfreesboro VA on Thursday, where he had blood work and a urine sample taken. According to Gail, despite Tony feeling very ill, the doctor told them both that he was "OK," but the doctor wanted to do an MRI.

After the MRI, Gail and Tony said they waited in a room that did not have a bed. Gail told FOX 17 News she repeatedly asked the doctor for a bed so that Tony may lie down because he was very tired, but the doctor allegedly said he couldn't be admitted, therefore not getting a bed, because he was not sick.

Tony was also cold and asked for a blanket, which nurses brought to him, according to Hobbs. Tony put the blanket on the floor and went to lay down, but Gail said he passed out before he reached the floor.

That's when she took the viral photo, captioned, "This is my brother Tony Mims laying in the floor at VA Hospital in Murfreesboro the Dr wasn't sure if he was sick enough to be admitted to hospital we waited eight hours for them to put him in a bed he can't even walk he deserves better treatment he served his country."

As of Monday afternoon, the post had been shared more than 232,000 times with more than 103,000 likes.

Gail said the nurses immediately came to Tony's aid after he was on the floor.

"The nurses were wonderful," Gail said over the phone.

The next day, Gail said Tony visited another doctor at the hospital who diagnosed him with pneumonia. When Gail asked how the doctor found that out, they replied, "by a simple swab of the nose."

Gail says Tony's previous doctor didn't look into anything other than his blood work, urine sample and MRI.

"I don't blame the VA, the VA has a long way to go to be perfect, like everyone," Gail said. "But you can't lump everything together."

Gail says she only blames the doctor who she believes didn't give Tony proper care. Gail didn't want to go on camera, and said she was overwhelmed with the amount of attention the photo has gotten. She says she didn't do it for the publicity, but to get her brother proper care.

Officials from the local VA, including the Murfreesboro VA director, met with Tony over the weekend. Gail is hoping to have Tony in a nursing home by the end of the week.

Meanwhile, FOX 17 News reached out to the local VA and received the following response:

As soon as we learned of this photo on Friday night, we immediately reviewed the Veteran's medical record and have since spoken to the Veteran personally. Our review determined that the facts are much different than what's presented in the Facebook post.

Tony Mims was admitted to VA Tennessee Valley Healthcare System August 2, the day the photo was taken. During a ten-minute wait for his provider to return to his exam room, Mims said that his sister, who had accompanied him to his appointment, helped him move to the floor of the exam room because he was tired. Mr. Mims estimated he was on the floor about ten minutes before a provider returned.

Mims is now an inpatient in our facility and he is being well taken care of. Our medical center director has visited the patient and has his assurance that he received good care and has no complaints.

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5.4 - The Telegraph: [Veterans serving veterans: County program fosters readjustment after service](#) (7 August, Jill Moon, 160k uvm; Alton, IL)

WOOD RIVER — A pair of U.S. Army combat veterans are working together on two fronts to help discharged and retired veterans of any military branch, discharge type and era.

Veterans' Assistance Commission (VAC) of Madison County Supervisor Bradley Lavite and Vet Center readjustment counselor Nathan Ferguson started a two-pronged VAC/Vet Center Group Outreach program that works toward a single goal of assisting veterans navigate the complex veterans health care and benefit system through the federal Veterans Health Administration and Benefits Administration, both under the U.S. Department of Veterans Affairs. Lavite and Ferguson aim to provide consistency in their approach to help veterans readjust and maintain a healthy stable life.

Lavite works on the benefits administration side, assisting veterans with complicated Veterans Administration (VA) benefits paperwork and disability filings. Ferguson works on the health administration side and provides one-on-one mental health counseling, as well as readjustment counseling for groups of veterans.

"When working on the benefits administrative side, we weave the question into every conversation, 'Have you met with the Vet Center?'" Lavite explained. "They can get in to be seen one-on-one, free of charge, for readjustment or other counseling services. The federal government foots the bill. These are free services sitting here — paid for — for veterans to access and use immediately within the community. Veterans don't have to register, they don't have to have a medical card or insurance. It's all free, because they served."

Lavite and Ferguson began working together in 2015 to combine their expertise from their respective fields to maximize and capitalize on the various benefits and counseling services veterans receive throughout Madison County. Lavite provides a complex roadmap created specifically for each individual veteran and Ferguson helps those individuals navigate that roadmap specifically on the counseling side of things.

Counseling provided by the Vet Center is strictly confidential and in accordance with HIPAA laws, addressing mental health issues, such as post-traumatic stress disorder, anxiety and readjustment.

"Readjustment is a primary focus because veterans in general — not just combat — have issues readjusting to numerous things in life," Ferguson said.

Ferguson works for the federal Vet Center in East St. Louis and does outpatient clinical therapy at various Vet Center satellite locations, now including Von Dell Gallery, located at 102 E. Ferguson Ave. in Wood River. Ferguson is on site starting at 9:30 a.m. on the fourth Wednesday of each month in Wood River.

"A veteran can walk into any of those location, there's no screening or pre-registration required," Lavite explained about each satellite VA center.

Consistent at each meeting and location is a counseling component, led by Ferguson, which goes along with Lavite's component of navigating benefits administrative requirements, such as understanding the VA disability and compensation process and filling out the plethora of forms.

Both Lavite and Ferguson, as well as their individual offices, spend numerous hours connecting veterans to resources and following-up with them to ensure that they are successfully navigating the numerous systems. Individual one-on-one appointments are available from 1 to 3:30 p.m. at each outreach location, as a convenience to the veteran and to those who may not have stable transportation. A delegation of local Madison County, Illinois, veterans established the VAC in 1933 for the singular purpose of assisting veterans in need.

Veterans who are active and participate in any of the VAC/Vet Center Group Outreach also has the opportunity to engage in a Von Dell Gallery art class provided by the VAC. Art classes give members of veteran groups a chance to maintain camaraderie in a laid-back, non-clinical environment; express themselves through art; and, complete a project to take home.

At this time, the VAC is planning to have quarterly art classes for those veterans who are active and participate as part of any of the established groups. The program's first quarterly art class at Von Dell occurred approximately three weeks ago, with the group taking instruction from award-winning artist Terry Diveley in his leathering art class. Diveley teaches the art of leather tooling and painting tooled images once pounded into a piece of leather.

The VAC/Vet Center Group Outreach meetings at the Von Dell Gallery are held on a re-occurring monthly basis, while the art classes are held on a quarterly basis and actively participating veterans are pre-registered by the VAC.

Lavite and Ferguson will hold the first monthly Wood River group outreach meeting, which is open to all veterans, at 9:30 a.m. Wednesday, Aug. 22, at Von Dell Gallery. After the veterans group outreach portion, veterans have the option of hanging around for Diveley's leather pictorial class, which he offers free to the general public from 11 a.m. to 3 p.m. every Wednesday.

Diveley asked that interested people please register by calling Von Dell Gallery at 618-251-8550 to make sure there are enough tools for each student. Von Dell Gallery, owned by Gary Conrad, of Grafton, currently offers 14 different painting classes to the general public for a reasonable fee.

Diveley, of Bethalto, leases a studio at Von Dell Gallery and teaches regular open-to-the-public classes at the gallery. He is just one of many talented regional artists who teach and/or lease a studio at Von Dell. The art classes offered at Von Dell Gallery are all instructed by different artists who highlight each of their specific medium. Visit www.vondellgalleryandstudios.com for a complete list of classes and more information. Follow Von Dell Gallery on Facebook @vondellgalleryandstudios.

To get plugged into a VAC/Vet Center Group Outreach, set up a one-on-one appointment or for additional information about the art program, call the Veterans Assistance Commission at 618-296-4554. Follow the Veterans Assistance Commission on Facebook @mcVeterans for more information.

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5.5 - WMFE (NPR-90.7, Audio): [Intersection: The Road To Better Care For Veterans](#) (7 August, Brenda Argueta, 70k uvm; Orlando, FL)

One of the challenges facing Veterans after their service is getting access to healthcare. Veterans Affairs secretary Robert Wilkie, who was sworn in last week, will address American Veterans tomorrow at the group's annual convention in Orlando. Improving access to healthcare is one of the issues the service organization is looking to Wilkie to address.

Sherman Gillums Jr., AMVETS chief strategy officer says the VA secretary is "responsible for delivering on a country's promise."

"This is the first time we're going to see him as secretary talking to these people about his agenda, his ideas on how to address some of the issues we've all heard about for years and we're going to also have some time to talk to him one-on-one," Gillums Jr. says.

"I've come to expect more that we will be proactive and we will push what we think needs to happen and seek to, through a partnership with him, make those things happen," Gillums Jr. says.

Lana McKenzie, AMVETS chief medical executive, says improving staffing levels can be a starting point to improve access to healthcare.

"When you have demand and supply issues, you're going to face poor outcomes and I think that that's the logistic of access to care issues [still] creeping up," McKenzie says.

"Because there's so little consistency between the 157 facilities, you go to one you're not going to have that same experience at another necessarily so it just kind of depends on where you happen to settle after you get out of the military," Gillums Jr. says.

Gillums Jr. was injured in a car accident while in the Marine Corps. He says the secret to successful rehabilitation through the VA is peer mentorship.

"The best dose of medicine you can be administered is seeing another individual who has lived with that injury or that condition being successful," Gillums Jr. says.

"The culture at the VA needs a little reshape on the attitude toward veterans. They're not beggars. I think that they have choices so if you want them to become a choice of the VA, you need to show them that they want it and you're willing to serve," McKenzie says.

AMVETS is organizing a town hall meeting for veterans Tuesday night. Gillums Jr. says AMVETS will take the concerns of veterans to Wilkie, and it will be his "opportunity to demonstrate to us that he's going to listen to us."

"As long as there's a veteran on the street or as long as there's somebody waiting to get in, his honeymoon will be very short if at all. We've said that publicly and I think he embraces that challenge," Gillums Jr. says.

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5.6 - WMBB (ABC-13): Senator Nelson Speaks with Local Veterans (7 August, Chelsie Taddonio, 50k uvm; Panama City, FL)

Veterans from around Bay County expressed concerns to U.S. Sen. Bill Nelson at a round table meeting in Panama City.

Sen. Nelson spoke with veterans about a piece of legislation he is proposing, that would protect the military from being taken advantage of by payday loans. The legislation would cap the interest rate at 24 %. He says this is so... "the poor member of the service doesn't keep building up these loans that they can't pay. And then have to declare bankruptcy."

The veterans didn't comment much on the legislation because they were eager to discuss certain matters; and the conversation quickly turned to Veterans Affairs. After talking for about an hour Sen. Nelson had a clear picture of their concerns.

"They have excellent care, they're very happy with the va doctors and nurses. But it's the administrative problem," said Nelson.

VFW Commander of District 17, Tony Salvo continued to explain the dilemma with the VA. "If you go to get an appointment sometimes it takes 4 to 6 to 8 weeks... It's just too long."

The veterans also brought up homelessness among veterans within Bay County. "Veterans particularly coming out of Vietnam have always had a real homeless problem, " said Nelson.

"We do know that the VA is in the process of fixing the homeless problem. They're in the process of building homes and areas for these veterans to live. It's gonna be a long slow walk before we get there," said Salvo.

Sen. Nelson took these concerns to Tallahassee, where he met with the Secretary of Veterans Affairs on Aug. 07, 2018.

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5.7 - White Mountain Independent: Snowflake resident spearheads VA policy change (7 August, Laura Singleton, 37k uvm; Show Low, AZ)

SNOWFLAKE — Julius Aubin, a Navy veteran and a resident of Snowflake since 2002, is a mover and a shaker. He can also breathe a little easier now — literally.

Aubin has been on a mission to improve healthcare for veterans like himself who use portable oxygen tanks to help them breathe. Specifically, he wants veterans to “get out and be mobile.”

“It’s hard to go out to a kids’ baseball game on a tank of oxygen that only lasts four hours,” testifies Aubin. “And, you can’t even go fishing because you’ve got this big bottle that bumps around and makes all kinds of noise.”

“If you go on vacation, you’ve got to give the VA an in-depth itinerary to get travel bottles way ahead of time,” says Aubin. “I don’t know about you, but when I’m on vacation, my only itinerary is ‘I’m leaving and I’m coming back at some point; everything else is the in-between.’”

So, for more than a year, he has been contacting the Veteran’s Administration in Phoenix. He has also spoken with Congressman Tom O’Halleran at the local VFW Post in Show Low where he was able to demonstrate the bulky oxygen tank and cart that he has carried with him for two years.

“He has really advocated strongly for veteran’s issues like the portable oxygen concentrators,” says Shawn Bransky, Deputy Director of the Phoenix Veteran’s Administration (VA) Healthcare System. “Julius is not one that let’s go; he is a champion of his cause.”

There are several challenges that come with the oxygen tanks and carts, in addition to the weight and overall bulkiness. According to Aubin, the tanks that people take with them only last for two to four hours, depending on the size. “This makes it difficult to go fishing, traveling or doing things outside the home that take time,” says Aubin.

In addition, the empty oxygen bottles stack up in the house and, in rural areas like the White Mountains, it can be difficult for the company to come pick them up regularly. This is especially the case when there is inclement weather.

Aubin, originally from Baton Rouge, Louisiana, says that getting portable oxygen concentrators to veterans that are prescribed oxygen by their doctors has been a brainchild of his. It all started when he decided to travel across the country for his high school class reunion.

“I had already made plans to go on vacation to Louisiana for the reunion,” says Aubin. “I knew I was going to have to drag the oxygen tank and cart with me, so I started digging and trying to find a way to get a portable oxygen concentrator from the VA,” he explained. “I found out that the VA needs six to eight weeks advance notice for this.”

“Your quality of life and your mobility is not as great with the tanks as it can be by having a mobile oxygen concentrator,” says Aubin. “For example, you can bring the tanks on a plane but you have to wheel them around and I know first and foremost how it is to do that,” he added.

After hitting several roadblocks with his attempts to obtain a portable concentrator to travel with, he got in contact with a company that was able to help him. In addition, Dr. Simranjit S. Galhotra, a pulmonary specialist with Summit Healthcare Regional Medical Center, was willing to assist Aubin in his efforts. The end result — Aubin obtained a portable oxygen concentrator from the VA in time to take it with him on his trip.

"The whole time I was on vacation, this was on my mind," says Aubin. "All of my experience and phone calls trying to get a portable oxygen concentrator for myself led up to what the VA is doing now."

"Once I was able to use the portable concentrator while traveling, I saw very clearly what was needed for other veterans," says Aubin.

Upon returning from vacation, Aubin resumed his communication with the VA administration, showing them how portable oxygen concentrators could improve quality of life as well as save money.

"Mr. Aubin actually came to me with a business case already done and he walked me through it step-by-step," says Bransky. "I'm not a physician, but I understand that not everyone is a candidate for portable oxygen concentrators," he added. "As a result of Mr. Aubin's tenacity, we have now built a Phoenix VA Healthcare System policy that we are fine-tuning and will get out to the veterans at large."

According to Aubin, the VA will arrange to rent a portable machine for the veteran for 30 days. If they keep it beyond the 30 days, then they pay rental fees. With this program, the idea is for the VA to buy the portable oxygen concentrator. When the veteran no longer needs it, it can be returned to the VA, serviced and authorized for another patient.

Aubin claims that this process, when compared to the one-time purchase of portable oxygen concentrator will save money over time.

"When the program officially gets off the ground, the VA may even rent the portable machines from the company that provides the Activator brand of concentrator," says Aubin.

"They are working on the company owning the machines and the VA rents the machines from them. From \$100 to \$200 per month which is very inexpensive," says Aubin.

Currently, this policy will only pertain to the Phoenix VA facility and the nine outpatient clinics that fall under the Phoenix VA healthcare umbrella said Bransky. "We will have specific parameters to ensure that we roll this out in a manner that is organized, well-understood and effectively communicated," he added.

Bransky also said that the process must be efficient so that veterans don't get frustrated. Physicians will have the very important role of making sure that the patient is a candidate for portable oxygen before they go through the process.

"We have drafted a policy this is now being reviewed by the Director Rima Nelson and we expect approval in the near future," assures Bransky. "It's not something that we have considered before I think it's a great initiative and something that enhances quality of life," he added.

Although the policy is close to being signed and implemented by the VA, Aubin is not one to relax. He is continuing his information campaign and plans to organize another town hall meeting this month at the VFW in Show Low.

Aubin encourages veterans and their families to contact him at 928-536-2485 if they would like to more information about the pending healthcare policy.

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6. Suicide Prevention

6.1 - Dispatch - Argus: [VA says reaching vets key to stopping suicide](#) (7 August, Jim Meenan, 311k uvm; Moline, IL)

The numbers speak harshly for themselves.

Every day, about 20 U.S. veterans and current service men and women commit suicide. On average, only about six of those veterans are receiving care from the Veterans Administration.

Bryan Clark is bothered by the number of veterans taking their lives, as well as how many do not reach out for the help they've earned. Clark is the public affairs officer for the Veterans Affairs Health Care System in Iowa City that serves 51 western Illinois and eastern Iowa counties.

"These are earned benefits," Clark says. "Don't leave them untapped."

Currently, the Quad-Cities has three VA facilities offering everything from primary care to laundry and shower facilities.

A 34,000-square-foot facility near the Mississippi Valley Fairgrounds in Davenport is scheduled to replace a current one in Bettendorf early next year. Bettendorf's Victoria Street facility offers psychology and psychiatry services. Davenport's VA Community Resource and Referral Center's services on North Perry Street includes suicide prevention and psychology. The Quad-Cities Vet Center on 42nd Avenue in East Moline includes mental health counseling services.

Additionally, any veteran can call the Veteran's Crisis Line at 1-800-273-8255 and press 1 to talk to someone. There's also immediate help, if needed, in local emergency rooms.

"The vast majority of the time, (callers) are just looking for somebody to talk to," said Darin Person, Suicide Prevention Coordinator for the VA Health Care System in the Iowa City.

He said that only about twice a week does someone in the vast area his office serves need a rescue.

In non-emergency situations, Person's office contacts them. If the veteran has an existing mental health team working with them, that team contacts the VA office. Either way, follow-up occurs within 24 hours.

The bigger problem Clark alluded to is reaching troubled veterans before they commit suicide. he said the VA does outreach on a regular basis through public meetings, American Legion posts and Veterans of Foreign Wars organizations.

"We know we can't reach all the veterans ourselves," said Dr. Jason Drwal, staff psychologist at the VA Health Center in Iowa City that tries to connect with community leaders and local mental health services.

Veteran suicide rates in this region are similar to the national average, Person said. But he and the VA subscribe to the belief that any suicide is one too many.

What finally pushes a veteran over the edge could be something that went untreated for years, Drwal said.

"A lot of the guys that we see from the Vietnam era are struggling with things that happened when they were in the service, that happened when they got home and didn't feel welcomed here," Drwal said. "A lot of guys didn't feel they had an outlet to deal with that."

It's harder to keep veterans from recent wars engaged in treatment, he said, because they sometimes find it difficult to make the time to deal with an issue.

"I think the challenge with the younger guys that we see is that these are guys who just want to get back to life and don't want to bother with it," Drwal said. "They've got families and jobs and things to do."

But progress is being made, Person said. In his eight years with the Iowa City VA office, things are "significantly better," he said.

"Our programs have grown," he said. "We have a lot more staff. We have much more of a variety of services to fit people's needs better."

Technology helps. Drwal says he now can provide therapy to a veteran anywhere in the country by using an electronic tablet.

Most referrals, he said, come from the medical community.

"Primary care can send a lot of referrals to (VA) psychiatry and then they prescribe meds and send them to (VA) psychology where they can get into psychotherapy," Drwal said.

"Within the VA system, there is just a real strong emphasis on mental health services," he said. "They (veterans) are going to be screened by multiple services and providers."

He noted, however, it might take one person six different referrals before they finally decide to come in for help.

"We will eventually get them to the right services, if we are connected," Drwal said. "It's really the people who don't have any connection to us that are really left out."

The ultimate goal, he said, is to get people in, treat them, educate them and arm them with the ability to cope.

"Get them to start doing things so that they can start living their life differently," Drwal said. "If you are not helping them to live everyday life differently, then you are not going to make changes in terms of what they can do and how they interact with their family or their ability to either get work or maintain the work they have."

While today's therapies are more focused on teaching skills and strategies, the basic start — listening to the veteran — is still the same, he said. Also remaining is the stigma in seeking mental health care.

"That's kind of the big hurdle we are facing on a daily basis," Drwal said. "Once they come in, there's all kinds of things that we can do for them."

He said the VA is sensitive to allegations that too many vets are put on medicine instead of therapy to address mental illness. If a person had a sore throat and a pill could cure it, he said, would you not ask them to consider taking the pill?

"Every case is different," Person said. "We certainly have folks who do one or the other and sustain recovery."

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6.2 - The Daily News: [VA center in IM to host Mental Health Summit at Bay West](#) (7 August, 54k uvm; Iron Mountain, MI)

IRON MOUNTAIN — The Oscar G. Johnson VA Medical Center will host its sixth annual Mental Health Summit on Tuesday, Aug. 21, in Fornetti Hall at Bay College West, 2801 N. U.S.2 in north Iron Mountain.

The event will be 9 a.m. to noon, and is open to local government human services, community mental health agencies, hospitals, veterans and their families, and any other interested organizations or individuals.

The purpose of the Mental Health Summit is to bring together these key stakeholders in the community with the goal of enhancing the mental health and well-being of veterans and their families

"We are building bridges with community partners to serve those who served us," said Amy Fowler, this year's summit coordinator.

Topics at this year's Mental Health Summit include suicide prevention, access to mental health care, eliminating mental health stigma, the Veterans Administration's new Whole Health Program and health care designed for women veterans.

"We have found these Mental Health Summits to be beneficial in addressing the mental health needs of our veterans, especially in our rural patient areas," said Jim Rice, director for the Oscar G. Johnson VA Medical Center.

"We cannot do it alone, especially in tackling the VA's top clinical priority, suicide prevention," Rice added.

For more information or to register for the summit, contact Amy Fowler at Amy.Fowler1@va.gov or 906-774-3300, ext. 32742.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WCTV (CBS-6, Video): Local World War II vet has VA Clinic named in his honor (7 August, Alicia Turner, 1.4M uvm; Tallahassee, FL)

You probably recognize the famous World War II photo of the flag being raised on Iwo Jima. But, the photo most think of wasn't the original flag to be raised.

And, one of the soldiers who helped raise the first flag grew up in Monticello.

About a week after the photo was taken, Ernest Boots Thomas was killed in the line of duty. He received multiple honors, including the Purple Heart. And, on Tuesday, he was honored again, as President Trump signed a proclamation to name the VA building on Orange Avenue after him.

A table decorated with pictures of the past line the walls of the Veterans Clinic to recognize and honor the life of Sgt. Thomas.

"I think they'll love it," said Reba Weams Williams, "It now has a name they can honor and respect and now more and more people are learning about Thomas."

Sgt. Thomas was just 17 when he went into the Marines. He died days before his 21st birthday.

Rebekah Sheats wrote a biography of his life, where she says early on he set out to make a difference.

"His father died when he was young and he had to take responsibility for his family and his younger siblings and his mother. He really understood," Sheats said. "When WWII came, it was his position to stand in the gap to protect his family, his home and his country."

Sheats explained his dedication to service and his country is worthy of being admired.

"Boots died over 70 years ago and his name is still remembered today," Sheats continued, "And that has to be encouraging to know that their sacrifice isn't in vein that people do appreciate it and they will honor them for it."

An honor that, Sgt. Thomas'family says, will never be forgotten.

Senator Bill Nelson and Congressman Al Lawson were among thos who spoke at Tuesday's ceremony, and each said what a historic moment the renaming is.

There's no word yet on when Thomas' name will actually be displayed.

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7.2 - Tallahassee Democrat: VA secretary helps rename vets clinic for Monticello Marine Ernest "Boots" Thomas (7 August, James Call, 439k uvm; Tallahassee, FL)

Monticello's Dr. Jim Sledge remembers the ship-borne broadcast with Sgt. Ernest "Boots" Thomas a couple days after the iconic flag raising during the World War II battle for Iwo Jima. A photo taken of it by the Associated Press appeared around the country in 1945 while the U.S. prepared a final assault on imperial Japan.

At the rededication ceremony of the Veterans Affairs Clinic in Tallahassee Tuesday, Sledge recalled how his best friend from childhood deftly handled a radio interview about how he had mounted the flag in a volcanic crest atop Mount Suribachi.

"Sgt. Thomas said, 'I don't want to give that impression. Every man in my platoon should be standing here with me today,'" Sledge told the nearly 400 people who attended Tuesday's ceremony.

"So, there was enough honor to go around for everyone," Sledge continued. Members of the Thomas family credit Sledge with keeping Boots' story alive and the subsequent honors bestowed on him.

The radio broadcast Sledge recalled aired a week after Thomas led his squadron to the top of the mount on day four of the battle. It served as a beacon to fellow Marines engaged in combat in the jungle below. Immediately after the radio broadcast, Thomas rejoined his squadron on the island. A couple days later he was among the 4,000 Marines who died before Iwo Jima was secured.

He was originally laid to rest in Iwo Jima but Jefferson County brought him home to Roseland Cemetery. Three years ago, Monticello erected a memorial near his grave site and Tuesday, Veterans Affairs Secretary Robert Wilkie led a contingent from Washington that included Sen. Bill Nelson, congressmen Neal Dunn and Al Lawson and local politicians that paid a further tribute to the Monticello Marine.

Nelson and Lawson acted on a request from Jefferson County residents and carried the bills through Congress that formally named the Tallahassee facility the Sergeant Ernest I. "Boots" Thomas VA Clinic

"Thank you for rededicating this wonderful facility in the name of a man from a generation that continues to inspire," Secretary Wilkie told the crowd that overflowed from the facilities main lobby and down a hallway past a coffee bar, pharmacy, a waiting area for radiology and entrances to other labs and offices.

Wilkie was confirmed two weeks ago, as head of a embattled department with more than 1,500 outpatient clinics and hospitals to serve the nation's veterans. The "Boots" Thomas VA Clinic opened in 2016 and serves more than 16,000 veterans in North Florida and South Georgia.

"Our family is humbled by the honor of the naming of this beautiful facility after Boots Thomas," said Lynn Blais, Thomas' great grand-niece. "We hope the veterans who come here receive the very best care a grateful nation can provide."

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7.3 - SportTechie: [U.S. Veteran Steve Kirk Uses Breath-Triggered Gun at Wheelchair Games](#) (7 August, Logan Bradley, 157k uvm; Washington, DC)

A 1980 skiing accident left U.S. Army veteran Steve Kirk with a dislocated neck and little use of his arms or legs. Almost forty years later, Kirk was competing at last week's National Veterans Wheelchair Games. Kirk took part in the air rifle competition thanks to a gun that is triggered by his breath.

A sharp inhale from Kirk is enough to fire his gun. (Inhaling is used instead of exhaling as the trigger, because exhaling can happen accidentally.) The solution, customized by the Orlando VA Medical Center, follows similar adaptations for disabled athletes competing in other sports—repurposing their movements for the desired effect.

"It allows them the opportunity to forget that they are disabled for a little while," said Christina Lafex, a recreational therapist and coordinator at Orlando VA, in an interview with the Orlando Sentinel. "Otherwise, they might get quiet and dig into a cocoon and just stay there."

This year's games (which ran from Jul. 30 to Aug. 4) featured an exhibition space dedicated to adaptive technology products. For many like Kirk, technology has opened up a whole new competitive avenue.

"If [the accident] happened today, I'd probably be able to walk again at some point," Kirk told the Sentinel. "But it's not about staying home and feeling sorry for yourself."

SportTechie Takeaway

Technology has allowed disabled athletes to compete in ways that they otherwise couldn't. Ahead of this year's Winter Paralympics, engineers at Toyota Motorsport helped Paralympian Andrea Eskau redesign her sled. Toyota was able to create a significant weight reduction in the sled. In PyeongChang, the German parathlete added two gold medals, two silvers and one bronze to her already impressive haul from six different Summer and Winter Games.

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7.4 - St. George News: [Salt Lake City Veterans Affairs office to hold first 'Benefits Fair' in St. George](#) (7 August, Ryan Rees, 156k uvm; Saint George, UT)

ST. GEORGE — Area veterans will be able to get assistance for a variety of needs when the Department of Veterans Affairs Salt Lake City regional office's outreach team hosts its first "Benefits Fair" Aug. 14 in St. George.

The event will take place from 8 a.m. to noon at the St. George Veterans Center, 1664 S. Dixie Drive, Suite C-102.

"This is new for us," said Thomas Lamb, outreach specialist in the St. George Veterans Affairs office. "They (Veterans Benefits Administration) are sending down two people who are the actual people who handle the benefits paperwork in the Salt Lake office."

This will be the first time the outreach team has visited Southern Utah, but it may not be the last, said Adam Kinder, a spokesperson for the Veterans Administration in Salt Lake City.

"This is an opportunity to reach a portion of the population that doesn't have easy access to the regional office here (in Salt Lake City)," he said. "We conduct these fairs around the state and try to see if the need is there by gauging the attendance. If it's a good turnout, we'll look at doing more."

Kinder said veterans will be able to get information on how to file claims, research the status of their claims, vocational rehabilitation and employment, survivor or burial benefits or find out what other benefits may be available to them at the fair.

Another goal of the fair, Kinder said, is to reach veterans who are not currently involved in receiving benefits.

Court Pendleton, the officer who oversees four Utah veterans service offices in the area, said the benefits fair will "help fulfill a real need in this area."

Pendleton's office oversees 11 counties in Southern Utah, which he said represents about 10 percent of all veterans in Utah, adding that there are 11,800 veterans in Washington County and another 3,000 in Iron County.

Lamb said the main focus in the St. George office is to offer combat veterans counseling.

"We can help them with marriage problems, PTSD or if they're just having a bad day," he said. "They can walk in any time. We're very accessible."

Both Lamb and Pendleton said they hope the St. George fair will encourage the Salt Lake City office to hold more events in St. George in the future.

"We hold a quarterly fair of our own," Pendleton said, "but I think after this event, they will want to have a monthly fair here."

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8. Other

8.1 - South Bend Tribune: [Viewpoint: Donnelly, a tireless advocate for vets, should be re-elected](#) (7 August, Joe Kernan, 274k uvm; South Bend, IN)

As a Vietnam War veteran and prisoner of war, a former governor of Indiana and a longtime South Bend resident, I believe that we need to re-elect Joe Donnelly to the U.S. Senate. Joe has been a tireless advocate for veterans and service members in the Senate. He works in a bipartisan and common-sense way to deliver real results for all Hoosiers.

Look no further than the new St. Joseph County VA Health Clinic for proof of Joe's tireless efforts to deliver for Hoosier veterans. Joe worked for nearly 10 years — since he was a congressman for Indiana's 2nd Congressional District — to make the impressive VA clinic in Mishawaka a reality for veterans living in northcentral Indiana. Gone are the days when veterans living in South Bend, Elkhart and LaPorte need to travel to Fort Wayne, Chicago or Indianapolis for care from the VA. This new clinic has been life-changing for veterans like

myself, and I can tell you that it would not have been built without Joe's passion for making life better for veterans in Indiana. He hasn't stopped at the VA health clinic in Mishawaka; he's working hard to help bring more VA clinics to Indiana and meet the needs of every Hoosier veteran.

As a Vietnam veteran, I was proud that Joe authored bipartisan legislation so that March 29 of every year would be recognized as National Vietnam War Veterans Day and worked until it was signed into law by President Donald Trump. On March 29, Joe welcomed home more than 900 Hoosier Vietnam War veterans with their family members at Plainfield High School for the first Vietnam War Veterans Day and thanked them for their service to this great nation.

Joe is also shining a light in Congress on the importance of mental health for service members and veterans. His Jacob Sexton Military Suicide Prevention Act and his Servicemember and Veteran Mental Health Care Package are bipartisan efforts to reduce service member and veteran suicide and help us access mental health services that are right for us. As a veteran and prisoner of war, I understand all too well that the wounds of war are both physical and mental. It's difficult for the men and women in service who are coming home to find a prepared medical professional properly trained to understand the unique traumas that they brought home from war. Joe's efforts have brought about meaningful change for how the military and veterans talk about and treat mental health.

There is so much more work to be done in Washington on behalf of the men and women veterans and service members. Let's work together to send Joe back to the Senate next year because he's the guy for the job.

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<vamediaanalysis@barbaricum.com>
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Bcc:
Subject: [EXTERNAL] 1 August Veterans Affairs Media Summary and News Clips
Date: Wed Aug 01 2018 04:15:52 CDT
Attachments: 180801_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

1 August 2018

1. Top Stories

1.1 - FOX News (Video): [New VA chief will reportedly reassign Trump loyalists](#) (31 July, 32.5M uvm; New York, NY)

This three-minute video asks, "Should advocates for reforming the agency concerned by Robert Wilkie's agenda?"

[Hyperlink to Above](#)

1.2 - U.S. News & World Report: [Collaborating to Care for Veterans](#) (31 July, Donna Bryson, 23.9M uvm; Washington, DC)

If A University of Colorado student studying dentistry is wary of a service dog encountered while working at the campus clinic for military veterans, instructor and hygienist Heidi Tyrrell can fill her in on research at the nursing school that has shed light on how animals help people in distress.

[Hyperlink to Above](#)

1.3 - Military.com: [New VA Secretary Wilkie Gives Pep Talk to Much-Criticized Workforce](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

New Department of Veterans Affairs Secretary Robert Wilkie used his first day on the job Tuesday to remind the much-criticized workforce of more than 360,000 of their "noble calling" and pledged to work with them rather than over them in improving services to nine million veterans annually.

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1.4 - Military.com: [Lawmakers Ask Pentagon to Reverse New GI Bill Transfer Restrictions](#) (31 July, Amy Bushatz, 9M uvm; San Francisco, CA)

More than 80 House lawmakers want the Pentagon to reconsider a new policy that blocks troops with 16 or more years of service from transferring their post-9/11 GI Bill. Currently, troops with at least six years of service can transfer their post-9/11 GI Bill to a dependent as long as they agree to serve an additional four years. There is no cap on time in service for those who want to transfer.

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1.5 - Military.com: [New VA Secretary Faces 400,000-Case Appeals Backlog, IT Delay](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

Among the many challenges facing new Department of Veterans Affairs Secretary Robert Wilkie is the long-standing backlog in disability claims appeals, which currently totals more than 400,000 cases. As acting secretary at the VA in May, Wilkie said, "VA is committed to transforming the appeals process" through the Rapid Appeals Modernization Plan (RAMP).

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1.6 - WRC (NBC-4): [Washington DC VA Medical Center Performance Deteriorating: Memo](#) (31 July, Scott MacFarlane, 4.8M uvm; Washington, DC)

The performance of the troubled Washington DC VA Medical Center has further “deteriorated” in recent weeks, drawing additional scrutiny from agency leaders, according to a July 17 memo obtained by the News4 I-Team. The VA memo said agency leaders have the “greatest concern” about mishaps, employee dissatisfaction and mental health programs at the medical center.

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1.7 - KMGH (ABC-7, Video): [Long-awaited VA hospital finally opens in Aurora: 600 patient appointments scheduled for first day](#) (31 July, Nicole Brady, 2.1M uvm; Denver, CO)

Nine years since ground was broken on the Rocky Mountain Regional VA Medical Center, the hospital in Aurora finally welcomed its first patients Tuesday morning. There are 600 appointments scheduled for opening day. Bob Kipp was among the first.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Tampa Bay Business Journal: [Tampa VA hospital to expand with more clinics, projects](#) (31 July, Veronica Brezina-Smith, 2.7M uvm; Tampa, FL)

James A. Haley Veterans' Hospital executives and officials turned dirt for the latest project at the hospital's main campus, but they soon may be grabbing the silver shovels once again as the hospital has more projects in the works.

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3.2 - Bay News 9: [Huge Tampa VA hospital expansion welcomed by vets](#) (31 July, Fallon Silcox, 1.5M uvm; Saint Petersburg, FL)

A major project is underway at the VA Hospital in Tampa. The huge project, totaling about \$149 million, is set to add about 250,000 square feet of additional space to the James A. Haley Veterans' Hospital adjacent to the University of South Florida campus. A groundbreaking took place Tuesday morning.

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3.3 - Nextgov: [VA is Rethinking Its Entire Online Presence](#) (31 July, Jack Corrigan, 193k uvm; Washington, DC)

The Veterans Affairs Department is looking for a team of developers to consolidate its far-flung agency websites into a single, user-friendly online portal. The vendor would lead a complete redesign of the agency's primary website, VA.gov, which would include building a new content management system within the VA Enterprise Cloud and migrating content from existing sites to the new platform, according to the request for information.

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3.4 - The Chronicle-Telegram: [Lorain Council votes unanimously to approve rezoning to lure VA back](#) (31 July, Katie Nix, 55k uvm; Elyria, OH)

City Council voted unanimously to approve the rezoning for six parcels of land Monday night to make way for a new Department of Veterans Affairs Community-Based Outpatient Clinic. At the last meeting before the body takes its annual recess during August, the nine members in attendance voted to rezone the properties sitting along West Erie Avenue near the intersection with Kolbe Road from residential to business, allowing for the construction of a medical building.

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3.5 - The Morning Journal: [Lorain Council votes to rezone potential VA clinic location](#) (31 July, Kevin Martin, 33k uvm; Lorain, OH)

Lorain is one step closer to welcoming back a U.S. Department of Veteran's Affairs Clinic that left the city in 2016. In a special call of Council on July 30, Lorain City Council voted unanimously to rezone parcels from R-1 residential to B-1A Office Business District totaling 9.7 acres at 3120 Kolbe Road that could be the home of a new permanent VA clinic location.

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4. [Focus Resources More Efficiently](#)

4.1 - The Oklahoman: [Oklahoma City VA yoga participants look to help others](#) (31 July, Meg Wingerter, 3.8M uvm; Oklahoma City, OK)

Clarence Adams credits yoga classes through the Oklahoma City VA Medical Center for not only easing the pain of an old injury, but also helping him to break financial and health habits that were holding him back. Now, he hopes to use what he's learned to help others.

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4.2 - Knoxville News Sentinel (Video): [Ex-VA employee convicted of defrauding Knoxville disabled vet of \\$680K](#) (31 July, Yihyun Jeong, 2.1M uvm; Knoxville, TN)

Kenneth Richard Devore used his position with the U.S. Department of Veterans Affairs to meet and gain the trust of a disabled Knoxville veteran. With that trust, Devore convinced the veteran he needed a will, and proceeded to help the veteran write that document. He named himself the sole beneficiary.

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4.3 - Government Executive: [Former Fed Convicted of Defrauding Disabled Vet, Then Lying to Get Background Check Job](#) (31 July, Eric Katz, 870k uvm; Washington, DC)

The Justice Department has successfully won a guilty conviction against a former federal employee who illegally schemed against the government during stints at two different agencies. Kenneth Richard Devore was convicted in a U.S. District Court in Tennessee of wire fraud, mail fraud, financial conflict of interest, theft of public money, and making false statements in connection to jobs he held at the Veterans Affairs Department and Office of Personnel Management.

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4.4 - KOLR (CBS-27, Missourinet): [Hartzler Proposes Enhancements to VA Doctor Recruitment](#) (31 July, Alisa Nelson, 274k uvm; Springfield, MO)

A U.S. House committee is considering whether to let VA hospitals recruit and hire future doctors up to two years prior to completion of required training. Congresswoman Vicky Hartzler, R-Missouri, is proposing the bill that she says would include a competitive hiring timeline. Hartzler tells Missourinet doctor offices and hospitals recruit future doctors while they are completing their residency.

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4.5 - The Berkshire Eagle: [Letter: VA healthcare problems are well-documented](#) (31 July, Bruce Deloye, 191k uvm; Pittsfield, MA)

I write in response to a July 23 letter from a fellow veteran, Robert Haywood of Lee, about my experience with the dental clinic at the Central Western Massachusetts HealthCare System in Northampton. I am saddened by Mr. Haywood's letter because he is trying to dispel what is common knowledge to most people, that the VA healthcare system is in serious trouble.

[Hyperlink to Above](#)

4.6 - Highland County Press: [A new direction at the VA](#) (31 July, Sen. Mike Rounds (R-S.D.), 31k uvm; Hillsboro, OH)

We are fortunate to live in the United States, where our men and women in uniform sacrifice so much to defend our liberty. We owe our service members and veterans a debt of gratitude that we can never fully repay.

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5. [Improve Timeliness of Service](#)

5.1 - KNSD (NBC-7, Video): [VA Supports Study Testing Efficacy of CBD's Use in PTSD Treatment](#) (1 August, Bridget Naso, 2.1M uvm; San Diego, CA)

Marine veteran Kayla Carnivale says she's been looking for peace since she left the military with Post Traumatic Stress Disorder. And she's found a natural way to get it. She began using marijuana and Cannabidiol two years ago to help treat her PTSD and a traumatic brain injury instead of pills prescribed by the VA.

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5.2 - WGNS (CMN-1450, Audio): [Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own](#) (31 July, Scott Walker, 47k uvm; Murfreesboro, TN)

Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up. The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different.

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5.3 - Salem News: [Congressman Smith Capitol Report: Fighting for warfighters](#) (31 July, Jason Smith, 17k uvm; Salem, MO)

Our grateful nation owes a massive debt of gratitude to the veterans who have fought to protect our country and its freedoms. As I accompanied President Trump this week on Air Force One for his fourth trip to Missouri since becoming president, I saw how devoted he is to fight on their behalf so every veteran receives the best possible treatment upon returning home.

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6. Suicide Prevention

6.1 - The Huffington Post: The Government's Solution To The Opioid Crisis Feels Like A War To Pain Patients (31 July, Art Levine, 22.9M uvm; New York, NY)

Jay Lawrence, an energetic truck driver in his late 30s, was driving a semitrailer across a bridge when the brakes failed. To avoid plowing into the car in front of him, he swerved sideways and slammed the truck into a wall, fracturing his back. For more than 25 years, he struggled with the resulting pain. But for most of that time, he managed to avoid opioid painkillers.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Miami Herald: Miami's homeless veterans need legal assistance. You can help them get it. (31 July, Brittney Horton, 8.9M uvm; Miami, FL)

The U.S. Department of Veterans Affairs (VA) recently released the results of a survey of homeless veterans, including those here in South Florida, asking what types of services and support they need to get back on track. Some answers were predictable, such as housing or mental health treatment. But their most common request might surprise you: civil legal aid.

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7.2 - The Fayetteville Observer: Sandhills State Veterans Cemetery to receive nearly \$6M VA grant (31 July, Drew Brooks, 439k uvm; Fayetteville, NC)

North Carolina has received nearly \$9 million in grants to help make improvements at two veterans cemeteries. The Sandhills State Veterans Cemetery in Spring Lake and the Western Carolina State Veterans Cemetery in Black Mountain will benefit from the grants, according to officials with the N.C. Department of Military and Veterans Affairs.

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7.3 - The Daily Journal: Addressing homelessness (31 July, Jonathan Madison, 160k uvm; San Mateo, CA)

My first legislative assignment on Capitol Hill came within months after I was hired to the House Financial Services Committee's Subcommittee on Housing and Insurance. The subcommittee was tasked with drafting a bill that would effectively reduce the homeless population among at-risk youth: H.R. 32 — The Homeless Children and Youth Act.

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7.4 - Temple Daily Telegram: Job fair focuses on veterans (27 July, Janice Gibbs, 157k uvm; Temple, TX)

Plenty of veterans showed up for a job fair Friday at the Olin E. Teague Veterans' Medical Center. Held quarterly, the job fairs, sponsored by the Therapeutic and Supported Employment Services, have been steadily growing. Robert Lopez, vocational rehabilitation specialist, said about 40 vendors attended. Veterans and their immediate family members were invited.

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7.5 - Chillicothe Gazette: [Fresh off WrestleMania appearance, microwrestler Eric Smalls wows veterans at local show](#) (31 July, David Wysong, 154k uvm; Chillicothe, OH)

Veterans at the Chillicothe VA Medical Center were given a large show by a micro-performer over the weekend. A group of eight professional wrestlers performed for the veterans Saturday afternoon, with Eric Smalls — who was in the WWE's WrestleMania 34 and stands at four-feet-six-inches-tall — being one of the headliners.

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7.6 - KPAC (NPR-90.1, Audio): [Their Last Fight: Filipino Veterans Make A Final Push For Recognition](#) (1 August, Dorian Merina, 77k uvm; San Antonio, TX)

During World War II, more than a quarter million Filipinos fought alongside American soldiers. Many are still awaiting the recognition promised to them. Maximo Purisima Young was just 19 years old when he heard President Franklin D. Roosevelt call upon Filipinos to join American forces fighting in the Southeast Asian islands during World War II.

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7.7 - KBSU (NPR-90.3, Audio): [Finding A Solution For Idaho's Homeless Veterans](#) (31 July, Samantha Wright, 70k uvm; Boise, ID)

Many of our veterans come home from active military service to find a lack of resources to help them get settled back into civilian life. As rental prices soar, many veterans are on the verge of homelessness. We take a look at a new initiative that the City of Boise is putting together to find permanent housing for vets.

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7.8 - The Reporter: [Donation from Vacaville firefighters benefits Sacramento Valley National Cemetery Honor Guard](#) (31 July, Kimberly K. Fu, 67k uvm; Vacaville, CA)

Suited up in full uniform Tuesday, the Sacramento Valley National Cemetery Honor Guard gratefully cemented a partnership with members of another local outfit dedicated to service — Vacaville Firefighters Association Local 3501.

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7.9 - Muskogee Phoenix: [VA provides free care for Military Sexual Trauma](#) (1 August, Patricia Byrd, 63k uvm; Muskogee, OK)

Department of Veterans Affairs (VA) data reveals that about 1 in 4 women and 1 in 100 men veterans experienced Military Sexual Trauma, or MST, during their military service. This includes only veterans enrolled for VA health care.

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7.10 - Finger Lakes Times: [Canandaigua VA hosts retreat](#) (31 July, 53k uvm; Geneva, NY)

The Department of Veterans Affairs Medical Center, 400 Fort Hill Ave., recently hosted a women veterans retreat at the Equicenter. Attended by 10 women, the event focused on self-care and strengthening the community of women veterans. Activities included journaling, mindfulness activities, Reiki meditations and horsemanship.

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8. Other

8.1 - The Daily Caller (Video): [The Bible Trump's New Va Secretary Chose To Be Sworn In On Tells You Everything You Need To Know](#) (31 July, Benny Johnson, 12M uvm; Washington, DC)

President Trump swore Robert Wilkie in as Veterans Affairs secretary Monday at the White House. Fixing the broken VA health system is a campaign promise Trump made in 2016 during the election. Trump has signed legislation allowing greater flexibility for veterans seeking health. During the swearing-in ceremony, Trump said of Wilkie...

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8.2 - NBC News: [Trump silent on Mueller at Tampa rally](#) (1 August, Jonathan Allen, 9.6M uvm; New York, NY)

In some cases, his condemnations were false. For example, he accused Democrats of opposing legislation he signed that makes it easier for officials at the Department of Veterans Affairs to be fired. "If somebody treated our veterans badly ... you couldn't say 'You're fired,' he said. "Now you can say you're fired."

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8.3 - PolitiFact: [Fact-checking Donald Trump's rally in Tampa with Ron DeSantis](#) (31 July, Katie Akin, John Kruzel, and Amy Sherman, 3.2M uvm; Saint Petersburg, FL)

At a campaign-style rally in Tampa, President Donald Trump threw his support behind Republican Congressman Ron DeSantis' bid to take the Florida governor's mansion. DeSantis faces Agriculture Commissioner Adam Putnam in the Aug. 28 Republican primary.

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8.4 - Patch.com (Hillsborough): [Somerset Doctor Gets 20 Months For Defrauding Veterans Affairs](#) (31 July, Alexis Tarrazi, 1.2M uvd; New York, NY)

A cardiologist from Somerset was sentenced Tuesday to 20 months in prison for defrauding the Veterans Affairs program more than 350 times by billing for services he never performed, U.S. Attorney Craig Carpenito announced. Apostolos Voudouris, 44, previously pleaded guilty in August 2017 before U.S. District Judge William H. Walls in Newark federal court to an information charging him with health care fraud.

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8.5 - The American Conservative: [Veterans Hit a Breaking Point With Trump](#) (31 July, Mark Perry, Washington, DC)

There are hundreds of local, state, and national organizations representing veterans, but there are only four that really matter: the American Legion, Disabled American Veterans, the Veterans

of Foreign Wars (VFW), and the newest, the Iraq and Afghanistan Veterans of America (IAVA). These organizations are the 400-pound gorillas of the veterans movement: they have the numbers, power, and money, and they know how to throw their weight around.

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1. Top Stories

1.1 - FOX News (Video): [New VA chief will reportedly reassign Trump loyalists](#) (31 July, 32.5M uvm; New York, NY)

This three-minute video asks, "Should advocates for reforming the agency concerned by Robert Wilkie's agenda?"

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1.2 - U.S. News & World Report: [Collaborating to Care for Veterans](#) (31 July, Donna Bryson, 23.9M uvm; Washington, DC)

AURORA, COLO. — If a University of Colorado student studying dentistry is wary of a service dog encountered while working at the campus clinic for military veterans, instructor and hygienist Heidi Tyrrell can fill her in on research at the nursing school that has shed light on how animals help people in distress.

Or maybe a vet getting a free dental checkup at the CU Heroes Clinic shows signs of a traumatic brain injury. Tyrrell, the clinic's assistant director, can point across the University of Colorado Anschutz Medical Campus here to a new program run by a neurologist who once treated wounded warriors at Walter Reed National Military Medical Center, just outside the nation's capital.

Or perhaps a patient settled into a chair mentions she's having trouble sleeping. Tyrrell might tell her about a mental health clinic for veterans and their families that CU Anschutz recently helped open.

To serve vets well, a "sense of collaboration is critical," says Tyrrell, whose father earned a Purple Heart in Korea.

That collaboration is a hallmark of CU Anschutz's numerous medical and academic offerings geared toward caring for veterans. The Heroes Clinic, where bouquets of American flags pop against an otherwise neutral color scheme, serves veterans who are students at Anschutz and the three other University of Colorado campuses, as well as at other schools in the Denver area.

Many student veterans don't get coverage for dental care, making the clinic "the resource that people are most excited about when they hear about it," says Evan Lubinski, an Army veteran, CU biology student and grateful clinic patient.

Heroes also serves non-students, like a patient who once insisted on taking Tyrrell on a tour of Building 500, a World War II-era art deco building that was the heart of the now-closed Fitzsimons Army Medical Center and today serves as the CU Anschutz administration center. Tyrrell says Building 500 staff glanced at her companion's cap identifying him as a World War II vet and hurried to open doors.

CU Anschutz's focus on veterans honors a legacy, says Chancellor Don Elliman. His campus is dotted with memorials to soldiers like 1st Lt. Sharon Ann Lane, who served at Fitzsimons before being sent to Vietnam. Lane, who died in a 1969 rocket attack on an evacuation hospital, was the only American military nurse to be killed by hostile fire in Vietnam.

Some 4,000 students – among them about 200 who are veterans, on active duty, or in a Reserve or National Guard branch – are training to be dentists, nurses, doctors and other health professionals at CU Anschutz. Those doing the training are often veterans themselves, committed to helping their students solve problems through passion, expertise, determination and innovation.

"Having (veterans) programs like this that allow us to attract talent is – absolutely – enlightened self-interest," Elliman says.

Cheryl Krause-Parello, whose Rutgers University dissertation was on pets mitigating loneliness among older adults, was inspired not by the Anschutz campus' past, but by personal history. As a New York City police officer, her Marine veteran husband responded to the 9/11 attacks.

He would come home from searching through the Twin Towers debris, find their dachshund Sam and "pet the stress away," Krause-Parello says.

Soon after Krause-Parello took a research and teaching position at CU Anschutz in Aurora, she raised an idea she'd been considering for years: researching how service animals can help struggling veterans.

Her College of Nursing dean said, "Go ahead, try it, see what you can do with it," Krause-Parello recalls.

The result was the Canines Providing Assistance to Wounded Warriors research project, which Krause-Parello established at the nursing school in 2013. This year, Krause-Parello is moving the project to Florida Atlantic University in Boca Raton.

The move, Krause-Parello says, is an opportunity "for me to grow" the project. It also means an idea realized at CU Anschutz will spread, and research partnerships between Florida and Colorado are likely.

Mona Pearl Treyball, a nurse and retired Air Force colonel, had worked with Krause-Parello on research before following her to CU Anschutz. Once on campus, Pearl Treyball developed a master's program in veteran and military health care.

Since 2015, the program has offered online classes on such topics as medical conditions associated with certain wars – think Agent Orange and Vietnam – post-traumatic stress disorder, military sexual trauma, and the intricacies of applying for federal benefits from the Department of Veterans Affairs.

"What they do at Anschutz that's so spectacular is the holistic approach," says Bill Bester, a nurse and retired Army brigadier general who is a senior adviser for a nursing and veterans program run by Jonas Philanthropies. The national nonprofit supports veterans by ensuring nurses who care for them get advanced training.

Nursing students from Hawaii to New York have pursued the veterans care master's degree at CU Anschutz. Jennifer Smith, a VA nurse in Minnesota, says Pearl Treyball gave her confidence to lead and "elevated my nursing practice."

The future is likely to include closer cooperation with the VA, which opened a new hospital on the edge of the CU Anschutz campus in July. Another of Pearl Treyball's students, Sonya Barnes, is a former Army medic who works at the VA facility. As her master's project, Barnes wrote a curriculum to help her nursing colleagues inside and outside the VA understand military culture.

According to Veterans Affairs statistics, about half of veterans used at least one VA benefit or service – often health care – in fiscal year 2015. Though the subject of a funding battle, Congress this year also passed a measure, signed by President Donald Trump, that aims to expand the ability of veterans to receive private health care outside the problem-plagued VA health system.

The U.S. is home to about 20 million veterans, with about 400,000 in Colorado.

"The program at Anschutz is so important because it's educating people who will go out into communities all over the country," says Bester, who has no association with CU Anschutz. "We've got a significant national challenge. Even though the wars have slowed down ... the effects on those individuals (who fought) will go on for some of them for years to come."

Elliman says society as a whole in recent years has begun to pay more attention to the challenges faced by veterans, especially those of the post-9/11 era. That growing awareness has prompted crucial support: Nonprofit insurance company Delta Dental of Colorado, for example, has spent \$2 million since 2014 to make free care possible at the Heroes Clinic.

Such support requires careful planning to yield viability. Before the Marcus Institute for Brain Health opened at Anschutz last year, Elliman says his team spent a year developing a plan that would ensure financial sustainability, in part by relying on faculty and resources already in place.

"The worst thing you could do would be to start one of these programs and then have to shut it down," Elliman says.

A \$38 million gift from The Home Depot co-founder Bernie Marcus' foundation kicked off the center, which is led by neurologist James Kelly, who was the founding director of the National Intrepid Center of Excellence at Walter Reed in Maryland, after which the Marcus center is in some ways modeled. The center brings together conventional and alternative approaches, like yoga and horse therapy, to help those who have suffered traumatic brain injuries.

Psychologist Gillian Kaag, director of the new Anschutz-affiliated Steven A. Cohen Military Family Clinic, looks forward to Marcus experts briefing her team on PTSD, and reciprocating with workshops on depression.

Kaag came from the University of Denver to take the Cohen post, which opened soon after the death of her grandfather, a Navy veteran with whom she was close.

The move "was a way to honor his memory," she says.

Those who can't pay for services at Kaag's clinic still may receive care without charge at the off-campus outpatient facility, which treats only post-9/11 warriors and is operated by the Cohen Veterans Network, a nonprofit founded by East Coast investor Steven A. Cohen. The network was operating in multiple states, including New York, North Carolina, Pennsylvania and Texas, when it forged the Anschutz partnership and came in May to Colorado.

Kaag, who is also a CU Anschutz instructor, looks to a variety of organizations for transportation, child care, housing and other support for her patients. Case managers also connect vets who aren't eligible for treatment at the Cohen facility to clinics where they can get help. Vets may be steered to Cohen by Matt Wetenkamp, a Marine combat veteran who is Kaag's outreach manager. Wetencamp is open about seeking therapy himself in hopes of helping others see that stigma about mental illness should not be a barrier to getting help.

Everyone working for veterans can be partners, not rivals, says Katy Barrs, who oversees a veterans therapy project founded in 2016 at another institution: the University of Denver. Barrs' Sturm Center, where mental health services are provided by graduate psychology students focused on military care, has participated alongside Cohen in events aimed at spreading the word about support for veterans.

The Sturm Center serves veterans of all eras, and – like the Cohen clinic – members of veterans' families. "We really are working alongside Cohen to improve access to care," says Barrs, who is a clinical psychologist.

Collaboration, she says, is "clearly a value that many different veterans organizations have."

Corrected on July 31, 2018: The amount spent by Delta Dental of Colorado to support care at the CU Heroes Clinic has been updated.

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1.3 - Military.com: New VA Secretary Wilkie Gives Pep Talk to Much-Criticized Workforce

(31 July, Richard Sisk, 9M uvm; San Francisco, CA)

New Department of Veterans Affairs Secretary Robert Wilkie used his first day on the job Tuesday to remind the much-criticized workforce of more than 360,000 of their "noble calling" and pledged to work with them rather than over them in improving services to nine million veterans annually.

"I'm Robert Wilkie, and it is an overwhelming honor to serve alongside you," he said in a video message to staff nationwide.

He did not point fingers at the political infighting among top managers who preceded him, but said he would bring a new leadership style to facing challenges in expanding private health care options, speeding up the appeals claims process, putting in place new electronic records systems, and cutting wait times for appointments.

Wilkie said he is not a top-down, crack-the-whip-style manager. Repeating a theme he stressed at his Senate confirmation hearing, he said, "We must have a bottom-up organization. The energy must flow from you who are closest to those we are sworn to serve."

His first priority is customer service, Wilkie said, and that must start with all VA employees "not talking at each other but with each other across all office barriers and across all compartments."

"If we don't listen to each other, we won't be able to listen to our veterans and their families," he said, and "we won't be able to provide the world-class customer service they deserve."

The main message to the workforce on his first day, Wilkie said, was one of thanks, "whether you are at a health care facility, on the benefits team, serving at our cemeteries, or here as part of our staff at the headquarters."

"You may not hear enough, but I want you to hear it from me. Thank you for your tireless work and devotion to our veterans," he said.

Wilkie, 55, of North Carolina, came to the VA from the Pentagon, where he served as undersecretary for personnel and readiness.

He was sworn in Monday by Vice President Mike Pence as the fifth VA secretary in the last five years, succeeding Dr. David Shulkin, who was fired in March by President Donald Trump.

The Washington Post has reported that Wilkie is intent on weeding out Trump administration political appointees who allegedly were cracking down on staffers seen as "disloyal" to Trump, but a VA spokesman said Monday there are no personnel changes anticipated "at this time."

"I'm deeply grateful to President Trump for the opportunity to serve for him and for America's veterans," Wilkie said in his message.

The major veterans service organizations have been supportive of Wilkie, while remaining wary of private health care options being expanded too rapidly and possibly threatening the "privatization" of VA health care.

"We congratulate him on becoming secretary, and we look forward to him bringing stable leadership to the department and strong advocacy for America's veterans," Veterans of Foreign Wars National Commander B.J. Lawrence said in a statement.

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1.4 - Military.com: Lawmakers Ask Pentagon to Reverse New GI Bill Transfer Restrictions

(31 July, Amy Bushatz, 9M uvm; San Francisco, CA)

More than 80 House lawmakers want the Pentagon to reconsider a new policy that blocks troops with 16 or more years of service from transferring their post-9/11 GI Bill.

Currently, troops with at least six years of service can transfer their post-9/11 GI Bill to a dependent as long as they agree to serve an additional four years. There is no cap on time in service for those who want to transfer.

But a new policy, announced early this month, would block anyone with 16 or more years of service from beginning the transfer process starting next July. A separate change that starts immediately blocks those who cannot complete the required additional service, such as troops going through the medical retirement process, from starting the transfer process.

The letter, sent July 26 from a bipartisan group of representatives, says blocking those with 16 years or more from making the transfer breaks a commitment.

"On behalf of a grateful nation, it is our collective duty and responsibility to uphold the hard-earned benefits of our nation's active-duty service members and veterans, and to remain faithful stewards of the GI Bill's educational assistance program," the letter states. "Revoking transferability benefits breaks this commitment with our most dedicated and seasoned service members."

Unlike many military benefits, which are required entitlements set forth in law, the ability to transfer the benefit was put in place by lawmakers as a retention tool the Pentagon can choose to use or discard completely. In a policy announcement explaining the changes, Pentagon officials said their goal is to bring the transfer option in line with that design.

"The secretary concerned may permit an individual ... who is entitled to educational assistance ... to elect to transfer," the law states. "The purpose of the authority ... is to promote recruitment and retention in the uniformed services."

But in their new letter, lawmakers instead call transferability an "education benefit."

"Educational benefits should be maintained after proving oneself through years of devoted and continuing military service -- not removed after the 16-year mark," the letter states. "Eliminating the ability to transfer Post-9/11 GI Bill benefits to family members after honorably completing 16 years of service sends exactly the wrong message to those who have chosen the military as their long-term career, and sets a dangerous precedent for the removal of other critical benefits as members approach military retirement."

The letter asks the Pentagon to reverse course.

"This change in policy is unacceptable, and we call upon you to swiftly reverse this decision," it states.

No legislation mandating that reversal or changing the law to make transferability an entitlement has been introduced. House lawmakers left Washington on July 26 for their annual August summer recess.

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1.5 - Military.com: [New VA Secretary Faces 400,000-Case Appeals Backlog, IT Delay](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

Among the many challenges facing new Department of Veterans Affairs Secretary Robert Wilkie is the long-standing backlog in disability claims appeals, which currently totals more than 400,000 cases.

As acting secretary at the VA in May, Wilkie said, "VA is committed to transforming the appeals process" through the Rapid Appeals Modernization Plan (RAMP).

However, Congress was told last week that the technology improvements needed to make the new system work are behind schedule.

RAMP is a pilot program under the Veterans Appeals Improvement and Modernization Act signed by President Donald Trump last summer, which has a deadline for being in place of February 2019.

However, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said, "The VA has been fairly famous for not delivering on time."

At a committee hearing last week, VA officials testified that the original plan was to have about 75 percent of the information technology (IT) updates in place by August; instead, only about 35 percent of the improvements will be ready.

Despite the IT delay, Paul Lawrence, the VA's new undersecretary for benefits, said the agency is on track to meet the February deadline for reforming the extremely complex appeals process.

He said the IT systems should be ready to go, but should there be more delays, the Veterans Benefits Administration is prepared to implement the new process manually.

"We are very confident in our delivery schedule right now," said Lloyd Thrower, deputy chief information officer and benefits account manager for the VA's Office of Information and Technology. He said the 35 percent figure for August involves the "heavy-lift pieces" of the new system and the process should go more quickly in the fall.

"It will be challenging" for the VA to meet the February deadline, Elizabeth Curda, director of education, workforce and income security at the Government Accountability Office, told the committee. "As it stands now, I'm a little concerned about the lack of detail."

When asked by Rep. Amata Coleman Radewagen, the Republican delegate from American Samoa, to grade the progress on implementing RAMP, Lawrence said he would give the VA an "A-minus."

Curda said she would give it a "C."

Roe said, "Realistically, VA is running out of time to address these issues if the department hopes to implement the new system by February 2019. We all agree that the success of this reform is critical because the current appeals process is failing veterans miserably."

Noting the backlog of more than 400,000 appeals, he said, "Many veterans will end up waiting at least six years just for the decision on their appeal. Veterans and their families deserve better."

Under the RAMP program, veterans can choose to withdraw their existing claim and transfer to two new "lanes" for a quicker decision.

According to the VA, the "Supplemental Claim Lane" is for veterans with additional evidence to present on their initial claim. The "Higher Level Review Lane" is for veterans with no additional evidence to present, but who feel there was a mistake in the initial claims decision.

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1.6 - WRC (NBC-4): [Washington DC VA Medical Center Performance Deteriorating: Memo](#)
(31 July, Scott MacFarlane, 4.8M uvm; Washington, DC)

The performance of the troubled Washington DC VA Medical Center has further “deteriorated” in recent weeks, drawing additional scrutiny from agency leaders, according to a July 17 memo obtained by the News4 I-Team.

The VA memo said agency leaders have the “greatest concern” about mishaps, employee dissatisfaction and mental health programs at the medical center.

The memo said VA leaders also are concerned about “large deterioration” in the length of stays by patients who use the medical center.

The VA memo is the latest in a series of rebukes against the DC VA Medical Center.

In February, the agency publicly announced the medical center was among the lowest-performing VA facilities in the nation.

Weeks later, the VA Office of Inspector General released a scathing report detailing mismanagement, squandered taxpayer money and unsafe conditions inside the medical center. The inspector general also found shortages of supplies and unsanitary conditions in storage areas.

The July 17 memo said medical center leaders must attend “monthly executive briefings” with senior agency leadership. If improvements are not made, the memo said the medical center’s status will be further “escalated.”

VA provides internal scores for its medical centers. The memo indicates the DC VA Medical Center is at risk of falling to a lower score, the lowest of which would result in “receivership,” a takeover of the facility by agency administrators. The agency did not respond to questions from the I-Team about the formal score and the risk of receivership.

In a statement, the U.S. Department of Veterans Affairs said, “Earlier this week a team of experts from VA’s Strategic Analytics for Improvement and Learning Office were on-site at the DC VAMC.

“They worked with our clinical and administrative leaders to identify opportunities to improve our services in a range of areas, including access, mental health and employee satisfaction. We believe the DC VAMC is on track to improve its performance in the areas identified by the (team). We will continue to partner with regional and national VA leaders as we work to provide Veterans with the safest, highest-quality health care possible.”

The time period discussed in the agency memo includes the first six months of 2018, when the medical center was largely under the direction of former acting director Larry Connell. Connell was reassigned in April.

Internal agency records obtained by the News4 I-Team in 2017 showed a longstanding problem of delayed surgical procedures at the DC VA Medical Center. Some were delayed because of supply shortages, including a hip surgery and a urological procedure.

Recent News4 I-Team reports revealed a string of other problems and incidents, including the postponement of at least nine surgeries in November 2017 because of concerns about the safety of some surgical equipment.

A report by the I-Team also revealed the agency hired a contractor to fix potentially unsafe floor cracks in the facility's surgery department in March 2017. VA officials also ordered repairs of holes in the walls of the facility's "center core areas." The facility suffered a cockroach infestation and a lack of sanitary conditions in its food service areas in 2015, according to reporting by the I-Team in 2017.

The agency fired the medical center's former longtime director in 2017. The VA has since hired three interim directors to lead the facility. The most recent, Dr. Adam Robinson, was appointed for a four-month term, which is scheduled to end in mid-August.

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1.7 - KMGH (ABC-7, Video): Long-awaited VA hospital finally opens in Aurora: 600 patient appointments scheduled for first day (31 July, Nicole Brady, 2.1M uvm; Denver, CO)

Nine years since ground was broken on the Rocky Mountain Regional VA Medical Center, the hospital in Aurora finally welcomed its first patients Tuesday morning. There are 600 appointments scheduled for opening day. Bob Kipp was among the first.

"I'm glad there's people around to show me where to go, because I was lost," he said. Navigating the new 1.2 million square foot facility is no doubt overwhelming. Even the director admits the staff is still learning.

"I think with anything new, with any change there's always going to be that period of uncertainty confusion," said Sallie Houser-Hanfelder.

Other veterans say they wish the VA had provided more information on services and locations at the new facility. Doug Carney showed up Tuesday to get a new ID card. He said he had to call the Denver Rescue Mission to get pointed in the right direction.

"I've checked the right places, but all the info isn't out there yet. It's still a work in progress," he said.

Contact7 spoke to a veteran who said she has struggled to get information from the VA on the new hospital and her next appointment. The website tells veterans to refer to their letters for the location for their next appointment. But some of those letters still have the old Denver VA location. Few services are being handled at the old location after Tuesday. Mental Health and inpatient services will be the next to move from the Denver location to the new Aurora hospital.

A map of the new hospital and clinic locations can be found on the website. Red coat ambassadors are on staff to help veterans find their way around.

Those with questions can call 303-399-8020 and select option 2 for help.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - Tampa Bay Business Journal: [Tampa VA hospital to expand with more clinics, projects](#) (31 July, Veronica Brezina-Smith, 2.7M uvm; Tampa, FL)

James A. Haley Veterans' Hospital executives and officials turned dirt for the latest project at the hospital's main campus, but they soon may be grabbing the silver shovels once again as the hospital has more projects in the works.

"We have a new clinic under construction in south Hillsborough County that's about an 80,000-square-foot clinic that will have primary care, mental health, diagnostics, lab and other ancillary services," Joe Battle, director of James A. Haley Veterans' Hospital and clinics, told the Tampa Bay Business Journal, stating the project would take place in the Big Bend Road area.

"It should be finished by the end of year so by April that clinic will be open. That clinic is made to serve up to 10,000 veterans," he said Tuesday, as he stepped away from the pile of ceremonial dirt that was turned to celebrate construction. The new tower will be a four-story building that will add 245,000 square feet of space and another 5,000 square feet of renovated space to the hospital. It will include 96 medical-surgical single patient rooms and 40 intensive care unit beds.

The \$148 million bed tower, dubbed Mission Modernize, will be completed in 2021.

"This is the first design-build the U.S. Army Corps of Engineers is managing with the VA administration. We're on the cutting edge. This is just the beginning," said Theodore Brown, regional business director for the U.S. Army Corps of Engineers' Southeast Atlantic Division.

The VA works in partnership with the U.S. Army Corps of Engineers, which is working to bring 15 new hospitals online, costing over \$18 billion, that will serve as examples for modern VA hospitals, Brown said.

Battle also told TBBJ about other clinics and projects coming online.

"We are also getting ready in the next two months or so to award a new outpatient clinic in New Port Richey. That will be a 150,000-square-foot clinic, that's the largest. It's almost a hospital without beds. We'll have just about everything and that's to serve 20,000 veterans," Battle said.

He added that the hospital plans to quadruple the size of its existing clinics in Brooksville and Zephyrhills and double the size of the Lakeland clinic, and all these expansions are currently in the procurement planning stages.

On the main campus, the hospital is under construction for its second Fisher House that will be finished at the end of the year.

"It's where people will get to stay while their loved ones stay in the hospital. Some people stay a year or 18 months, it's very common," Battle said.

The most common injuries the hospital sees include traumatic brain injury, active duty military injuries that usually come from training accidents, and from retired veterans in motorcycle accidents, Battle said.

"We run in the 90s [for occupancy rate] most of the time. On weekends probably in the 80s, but during the week, in the 90s," Battle said, explaining the demand for more services and to extend the hospital's footprint.

He also discussed new technologies the hospital has and will utilize. "This year, we recently opened up a new linear accelerator for cancer treatment, just started back in March our new CyberKnife; we're one of the few hospitals in the state to have a CyberKnife," he said.

The CyberKnife is a fully robotic radiation delivery system that delivers radiation treatments to specific areas in the body.

"We're getting ready in the next few days to buy our second da Vinci surgical system. We have one now and we are doing more of a workload with that one more than any other VA hospital in the country," Battle said.

Da Vinci robots cost roughly \$2 million and give the surgeon a better view and understanding when operating by using high-definition 3D cameras and allowing surgeons to remotely move the system's robotic arms.

[...]

The hospital broke ground for its \$148 million project, but there are several other projects it's working on.

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3.2 - Bay News 9: Huge Tampa VA hospital expansion welcomed by vets (31 July, Fallon Silcox, 1.5M uvm; Saint Petersburg, FL)

TAMPA, Fla. -- A major project is underway at the VA Hospital in Tampa.

Groundbreaking on new VA Hospital expansion in Tampa
James A. Haley Veterans' Hospital adding 250,000 square feet of space
Project to add private rooms, new cafeteria, outdoor dining

The huge project, totaling about \$149 million, is set to add about 250,000 square feet of additional space to the James A. Haley Veterans' Hospital adjacent to the University of South Florida campus.

A groundbreaking took place Tuesday morning.

Construction will take about three years to fully complete the project and will add additional hospital bed space, a new cafeteria and an outdoor dining area.

The four-story addition also will include about 5,000 square feet of renovated space in the hospital.

Some veterans who use the facility said the addition of private rooms at the hospital will be the most beneficial and will ultimately mean they'll have to spend less time in the hospital.

"Right now, we have crowded quarters into the patients," said veteran Mary Ann Keckler. "What we see today with the two beds versus the single bed, we have very few private rooms here and it makes a major difference for those recuperating from an illness to be able to get themselves up out of bed and get themselves going."

The bed tower expansion is expected to be completed in 2021.

The new bed tower at the hospital is the first major construction project managed by the US Army Corp of Engineers for the VA under recently approved federal legislation.

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3.3 - Nextgov: [VA is Rethinking Its Entire Online Presence](#) (31 July, Jack Corrigan, 193k uvm; Washington, DC)

The Veterans Affairs Department is looking for a team of developers to consolidate its far-flung agency websites into a single, user-friendly online portal.

The vendor would lead a complete redesign of the agency's primary website, VA.gov, which would include building a new content management system within the VA Enterprise Cloud and migrating content from existing sites to the new platform, according to the request for information. The group would also be responsible for mapping the site's new structure, optimizing its search functions and working with agency officials to make regular improvements.

The overhaul comes as part of the VA Digital Modernization Strategy, an agencywide effort to streamline online services and make it easier for veterans to navigate the benefits process. The initial contract would run for 12 months, with an option to extend an additional 12 months.

"VA is committed to dramatically upgrading its user-facing digital tools, becoming the first federal agency to deliver a digital experience on par with the private sector," officials wrote in the RFI.

Today, VA's online presence is organized in a similar way to the VA itself—veterans need to seek out different websites for benefits, health care, cemetery services and other products. In effect, that means vets need to understand the agency's bureaucratic structure to access its services.

In recent years, the agency has attempted to make this digital maze easier to navigate. Led by executive director Marcy Jacobs, the Digital Service at VA has revamped online applications, connected portals to vast troves of patient data and given a thorough makeover to vets.gov, a site where veterans can apply for benefits and track claims.

"What we hear consistently from veterans is 'I'm confused and I don't understand why the VA doesn't act like one organization,'" Jacobs told Nextgov in a June conversation. "[We're] really trying to change the conversation with the veteran and make it easier for them to interact with the VA."

Now through the broader VA.gov redesign, VA intends to bring all its veteran-facing sites—vets.gov, myhealth.va.gov, ebenefits.va.gov and explore.va.gov—under the umbrella of the main site. Once completed, the site would act as a one-stop shop for all veteran services.

The new content management system must also support a variety of application program interfaces, or APIs, which will allow third parties to build applications that run on VA data and services. Last week, the agency began soliciting separate vendors to build an API management platform.

The agency plans to launch the first version of the revamped VA.gov on Veterans' Day, according to the RFI. The vendor is expected to update the site every two to three weeks.

Responses are due Aug. 3.

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3.4 - The Chronicle-Telegram: Lorain Council votes unanimously to approve rezoning to lure VA back (31 July, Katie Nix, 55k uvm; Elyria, OH)

LORAIN — City Council voted unanimously to approve the rezoning for six parcels of land Monday night to make way for a new Department of Veterans Affairs Community-Based Outpatient Clinic.

At the last meeting before the body takes its annual recess during August, the nine members in attendance voted to rezone the properties sitting along West Erie Avenue near the intersection with Kolbe Road from residential to business, allowing for the construction of a medical building.

By rezoning the land, City Council is making it so the VA can give the site its stamp of approval for a new clinic, which would bring the agency back to Lorain after it left its home in the St. Joseph Community Center at the end of 2015 for Sheffield.

Councilman Joe Koziura, D-at large, said he'll be pleased with the project if it comes to fruition.

"I was the mayor when they were originally going to put the veterans center in Elyria and I called the director in Cleveland and we were both Vietnam veterans," he said. "The plans changed, and we got it at St. Joe's. Hopefully we'll be successful."

Councilman Mitch Fallis, D-at large, and Councilwoman Mary Springowski, D-at large, both said they supported the rezoning but only if Council can revert the zoning back to residential if the project doesn't happen.

Council clerk Nancy Greer said it would have to go back to the Planning Commission first.

Council also unanimously approved new legislation in which the city will charge residents for when police officers are called to their homes for false security alarms.

"We're moving ourselves out of drug areas, away from investigations to respond to fantasy calls," said Lorain police Capt. Roger Watkins. "We're not out here to make money. We're giving people two freebies, so we can explain to them what's going on and they can get their alarm system fixed."

Police Sgt. Ray Colon, a crime analyst for the department, said about 34 percent of the places where police are called to because of false alarms are responsible for 63 percent of the total false alarm calls.

"Alarms are 7 percent of our calls coming from the public," he said. "Last year, we responded to 2,439 alarms and 81 percent of those were false. False alarms are at least a two-officer call, and we're flying a Code 2, which is lights and sirens, disobeying laws of traffic to get there as fast as possible. Eight times out of 10 it's a false alarm."

Colon said the percentage of times the call is actually a false alarm as opposed to a real one is probably closer to 90 percent because if an officer adds additional information when he clears the call through dispatch it might not necessarily be classified as a false alarm.

According to the legislation, sending officers to that many false alarms costs \$40,000 a year.

The legislation states residents will be charged \$35 per call if officers are called to their homes three, four or five times in a calendar year. They are charged \$75 for calls six and seven and \$100 per call after that in addition to being labeled a nuisance property.

The law also applies to businesses in the city.

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3.5 - The Morning Journal: [Lorain Council votes to rezone potential VA clinic location](#) (31 July, Kevin Martin, 33k uvm; Lorain, OH)

Lorain is one step closer to welcoming back a U.S. Department of Veteran's Affairs Clinic that left the city in 2016.

In a special call of Council on July 30, Lorain City Council voted unanimously to rezone parcels from R-1 residential to B-1A Office Business District totaling 9.7 acres at 3120 Kolbe Road that could be the home of a new permanent VA clinic location.

The vote clears another hurdle for the project which would be located across from the Mercy Health Medical Center.

"Right now we wait. This was a key part of the application as the developer stated last meeting (July 23) and we wanted to get it done as soon as possible," Mayor Chase Ritenauer said. "So at this point I think we've provided everything they've asked from us."

"If there is another ask perhaps we will be back here sometime in August instead of recess. But for right now that is what they needed and we were able to accomplish that tonight," the mayor added.

The Lorain County Community Based Outpatient Clinic, presently located at 5255 N. Abbe Road in Sheffield Village, is in the third year of a five-year lease as a temporary location with the VA and is intending to stay there until the end of term, according to Danielle Krakora, communications officer for the Louis Stokes Cleveland VA Medical Center in a July 25 letter.

The VA has yet to announce its plans for the next permanent site and is working to identify the location within the area of delineation established through research identified as Lake Erie, east to Case Road, south to U.S. Route 20 and state Route 10 and west to state Route 58, established through research, the letter said.

Warrensville Heights-based developer Michael Downing presented the proposal at a July 23 public hearing. The proposed 34,000-square foot location would return the VA to Lorain which left the St. Joseph Community Center at 205 W. 20th St. in 2016.

If the VA was to return, construction could begin in 2019 and it could be operating by 2020, bringing an estimated 50 jobs along with it. A second phase of the project could feature ancillary medical tenants, including kidney dialysis or medical supplies.

In a phone interview, Sheffield Village Mayor John Hunter reiterated that he would do everything in his power to keep the clinic in the Village, citing the VA indicated the Sheffield Village location has increased veteran enrollment by 1,060 since relocating to its present location.

"I just want to do what's best for the veterans," Hunter said.

Hunter noted the proposed location falls outside of the area of delineation established by the VA and questioned how a move to an area west of state Route 58 would work.

"They've got the right to get the site, and that's all they'll be able to do. The VA will say it's outside their boundaries," Hunter said.

Since news of the proposal broke, Hunter noted he has received more than 50 calls from concerned citizens about the potential move.

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4. Focus Resources More Efficiently

4.1 - The Oklahoman: [Oklahoma City VA yoga participants look to help others](#) (31 July, Meg Wingerter, 3.8M uvm; Oklahoma City, OK)

Clarence Adams credits yoga classes through the Oklahoma City VA Medical Center for not only easing the pain of an old injury, but also helping him to break financial and health habits that were holding him back.

Now, he hopes to use what he's learned to help others.

Adams, who joined the Army in 1975 but was discharged because of foot and knee problems, said he injured his back when doing squats years ago, and yoga helped him stop taking pain pills. The breathing exercises not only helped with physical healing but made it easier to clear his mind, think positively and work on priorities like saving money and eating right, he said.

"I'm in my 60s, and I have to do something," he said. "An hour of this, and I feel so much better."

Adams is one of two veterans currently in a yoga class at the VA Medical Center who hope to become instructors themselves. He and most of the other participating veterans received a "prescription" for 12 weeks of classes as a supplement to treatment for pain or mental health conditions, but many continue to participate after their three months are over.

Don Bamborough, who also is considering taking the 23 weeks of classes needed to become a yoga teacher, said he came to the class to help manage the pain and stress that came from four back fractures and surgery to implant a "bionic ankle." He served in the Air Force from 1963 to 1967, followed by years of heavy labor.

"It's really good for me," he said. "If you're a veteran and you've been in construction, you're going to be in pain."

Several of the participants in class on a steamy afternoon in early July said they were skeptical about yoga but came around to it.

John Johnson, a retired Marine who served from 1972 to 1992, said the pace of the class took some getting used to, but eventually, he found it calming. He said he moves better since he's started taking the class, even though he still has pain from arthritis.

"I had no idea what yoga was about. I remember back in the '60s, the flower kids," he said. "The first few classes, I hated, because you have to do everything so slow."

To an outside observer, it might not look like much is happening. The group starts by sitting quietly, palms on their thighs, and breathing deeply. Instructor Sara Alavi leads them through a guided meditation, asking them to think with gratitude about their bodies and to notice what they smell, hear, taste and feel.

"Let go of everything that doesn't belong here," she said.

At Alavi's direction, the men then lightly slapped their legs to focus on what they wanted to release. They then tapped their heads, face, chests and wrists and repeated after Alavi.

"I have held onto this for too long."

"I don't have to hold onto it anymore."

"I am no longer a victim of what happened to me in the past."

"I am learning for the first time to love and accept myself as I am."

The tapping is intended to help release emotions and encourage relaxation, Alavi said. At the end, the participants laid on the floor, their heads on blocks and their feet on the seats of chairs, with bands over their eyes, for a few minutes of quiet meditation.

Stanley Stephens, who served in the Air Force from 1965 to 1985, said he had his doubts about yoga, but he likes the messages about moving forward in life. His wife — whom he'd met when both were in the Air Force, died of ovarian cancer in September — and he was struggling emotionally when his doctor made the referral.

"We were so close. I like to say it was a love story and an adventure at the same time," he said.

The class also was a chance to work on his physical flexibility and balance, Stephens said.

"When I finish yoga, I don't need the cane," he said. "It's a subtle influence. If you stay with it, it grows on you."

While the benefits of meditation might not be as obvious as those of physical exercise, Bamborough said they're just as important.

"If you're kind to yourself, you'll be kind to others," he said.

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4.2 - Knoxville News Sentinel (Video): [Ex-VA employee convicted of defrauding Knoxville disabled vet of \\$680K](#) (31 July, Yihyun Jeong, 2.1M uvm; Knoxville, TN)

Kenneth Richard Devore used his position with the U.S. Department of Veterans Affairs to meet and gain the trust of a disabled Knoxville veteran.

With that trust, Devore convinced the veteran he needed a will, and proceeded to help the veteran write that document.

He named himself the sole beneficiary.

A federal jury convicted the 44-year-old former VA employee of defrauding the veteran of more than \$680,000 on July 25.

Devore was convicted of six counts of wire fraud, one count of theft of public money over \$1,000, one count of willful mail fraud, one count of conflict of interest of a federal employee, two counts of making or using a false writing and one count of making a false statement.

Court documents show that Devore, appointed as a field examiner in the VA's Fiduciary Program in 2013 in Jonesborough, drove the veteran to the post office to notarize the documents he helped the veteran prepare.

He then forged the victim's initials before sending notice to the veteran's bank, which was his legal guardian.

The veteran — only identified as "D.N." — was discharged from the military around 1986, according to court documents. He was declared incompetent the following year, and in 2004, was appointed a bank as his guardian and fiduciary.

Prosecutors say that as a VA field examiner, Devore was assigned to ensure that the veteran was receiving the benefits he was entitled to, and taking steps to protect his assets.

Instead, he schemed to make himself the sole beneficiary of the veteran's finances.

Records show Devore was forced to resign from the VA, but that he got a job at the National Background Investigations Bureau just a year later.

Lies continued

The VA said Devore was forced to resign after the forged documents were discovered in 2015.

The next year, he applied for a job as an investigator for NBIB, an agency within the U.S. Office of Personnel Management that conducts investigations for positions of public trust and security clearances, according to Doug Overbey, the U.S. attorney for the Eastern District of Tennessee.

Devore lied about his employment history and intentionally withheld that he had been forced to resign from the VA for misconduct. He also falsely claimed he received a college degree from a made-up "Canterbury University."

"By his misrepresentations and omissions, Devore was hired for the job and worked through 2017," Overbey said in a statement.

Officials also discovered that he had lied about his own purported disabilities in order to obtain a 100 percent "total and permanent" disability rating by the VA, receiving disability compensation from 2009 to 2017.

After Devore was indicted in April 2017, he remained free on a \$20,000 unsecured bond. That bond was revoked July 10 after a judge heard evidence he lied on a U.S. Postal Service application by saying he was not under any criminal charge

His sentencing hearing is set for Nov. 5.

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4.3 - Government Executive: [Former Fed Convicted of Defrauding Disabled Vet, Then Lying to Get Background Check Job](#) (31 July, Eric Katz, 870k uvm; Washington, DC)

The Justice Department has successfully won a guilty conviction against a former federal employee who illegally schemed against the government during stints at two different agencies.

Kenneth Richard Devore was convicted in a U.S. District Court in Tennessee of wire fraud, mail fraud, financial conflict of interest, theft of public money, and making false statements in connection to jobs he held at the Veterans Affairs Department and Office of Personnel Management.

Devore's first offense came while at VA in 2015, where he worked as a field examiner to help veterans unable to care for themselves protect their financial assets. While assisting a "disabled and incompetent veteran" in Knoxville, Tennessee, Devore "used his position to convince that veteran that he needed a Last Will and Testament," according to the Justice Department. He made himself the sole beneficiary of that will, leaving all of the veteran's \$680,000 in assets to himself. Devore forged the veteran's initials onto the document and sent it to the individual's bank.

The indictment against Devore found that he used his federal position to gain the veteran's trust and learn about that individual's assets. Those included the veteran's guardianship checking, personal checking, savings, money market, government securities and other accounts.

VA became wise to Devore's activity and forced him to resign. He quickly applied for a job at OPM's National Background Investigations Bureau, which assesses individuals applying for security clearances with the federal government. Devore withheld that he was forced to resign from VA and said he had received a degree from "Canterbury University," an institution he made up. OPM failed to recognize the deceptions and hired Devore. He continued to work at the agency into 2017.

All the while, Devore claimed to be a disabled veteran unable to work due to his injuries and received compensatory benefits from VA.

OPM and VA's inspectors general investigated the case, leading to the Justice Department's prosecution. The government dropped two charges of "frauds and swindles" and one count of "act affecting personal financial interest."

Devore—who was represented by a public defender—was released on \$20,000 bond last year, but will face sentencing in November. The cumulative maximum penalties of his various crimes could amount to 55 years in prison and fines of \$1 million.

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4.4 - KOLR (CBS-27, Missourinet): Hartzler Proposes Enhancements to VA Doctor Recruitment (31 July, Alisa Nelson, 274k uvm; Springfield, MO)

A U.S. House committee is considering whether to let VA hospitals recruit and hire future doctors up to two years prior to completion of required training. Congresswoman Vicky Hartzler, R-Missouri, is proposing the bill that she says would include a competitive hiring timeline. Hartzler tells Missourinet doctor offices and hospitals recruit future doctors while they are completing their residency.

"They (VA hospitals) currently do not do that until the very end and I think that puts us at a disadvantage," she says.

Hartzler, whose district includes Columbia's Truman VA Hospital, says her bill would help veterans receive better care.

"The veterans hospitals in our area, including Truman VA there in Columbia, will be able to have a level playing field when recruiting the best physicians possible to serve our veterans," she says.

Hartzler goes on to say she thinks failing to recruit doctors during the residency period has contributed to a shortage of VA doctors nationwide. The bill comes at a time when the VA reports more than 30,000 vacant positions.

The American Legion has voiced their support for the bill by saying, "The VA Hiring Enhancement Act will help address the shortcomings in recruitment and retention of highly qualified physicians. The bill, addressing health care within the VA system, is especially welcomed by some at a time when Veterans Service Organizations (VSOs) like American Legion have expressed growing concern about the privatization of veterans' health care."

The bill would release physicians from non-compete agreements to serve in Veterans Affairs. It would also update the minimum standard for VA physicians to include the completion of a postgraduate medical residency.

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4.5 - The Berkshire Eagle: [Letter: VA healthcare problems are well-documented](#) (31 July, Bruce Deloye, 191k uvm; Pittsfield, MA)

To the editor:

I write in response to a July 23 letter from a fellow veteran, Robert Haywood of Lee, about my experience with the dental clinic at the Central Western Massachusetts HealthCare System in Northampton.

I am saddened by Mr. Haywood's letter because he is trying to dispel what is common knowledge to most people, that the VA healthcare system is in serious trouble.

I suggest that he read an article published in The Eagle April 21 about a former doctor's concerns about the quality of care the facility delivers, which triggered a case now being reviewed by the Veterans Affairs' Office of Accountability and Whistleblower Protection. The case came to light just days before Dr. Sarah Kemble's death due to cancer.

I do agree with Mr. Haywood on one thing, that the dental section is well-run and I am going back there for services.

But again, there is more to what happened to me after the incident I experienced while receiving dental care that could not be told in the July 19 article in The Eagle that prompted Mr. Haywood to write.

Before he jumps to any other conclusions, I suggest that he and others investigate the situation more deeply, as I and The Eagle reporter did.

Bruce Deloye,

Lenox

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4.6 - Highland County Press: [A new direction at the VA](#) (31 July, Sen. Mike Rounds (R-S.D.), 31k uvm; Hillsboro, OH)

We are fortunate to live in the United States, where our men and women in uniform sacrifice so much to defend our liberty. We owe our service members and veterans a debt of gratitude that we can never fully repay.

However, one thing we can do is uphold the promises our nation has made to them over the last several generations, and we can do that by making improvements and changes within the Department of Veterans Affairs (VA).

The Senate recently confirmed Robert Wilkie to be the VA Secretary. Prior to his confirmation, Mr. Wilkie served as Acting Secretary of Veterans Affairs and Under Secretary of Defense for Personnel and Readiness. He has also served in the U.S. Air Force Reserve and in the U.S. Navy Reserve.

Mr. Wilkie has had firsthand experience dealing with the VA, as his father was wounded three times while serving in Vietnam.

As a member of the Senate Veterans' Affairs Committee, I had the opportunity to meet with him prior to his confirmation and ask important questions during his hearing before the committee. It is clear that he is well-qualified to lead the VA, especially at a time when the agency is attempting to improve its mission of serving our nation's veterans.

With 360,000 employees, the VA is the second-largest federal agency. It is also, unfortunately, one of the most scandal-ridden and mismanaged agencies. We remember in 2014 when the VA admitted that veterans were waiting on average 115 days just to see a doctor.

More recently, we've heard about the new VA hospital in Colorado that is more than \$1 billion over budget because the contractor failed to account for the size of medical equipment during construction and the rooms were too small to fit everything. Not to mention the project was years behind schedule.

Mr. Wilkie has a tough job ahead of him as he seeks to clean up the VA and improve care for veterans. In the past, the agency has shown protectionism for bad employees instead of taking care of veterans.

Under Wilkie's leadership, we hope to see that change. He understands how critical it is that we provide healthcare and other services to veterans across the country, and he understands the challenges he is facing. I believe he is the right person at this time to lead the VA and make certain that care of veterans is priority number one for all VA employees.

When I had the opportunity to question Mr. Wilkie at his confirmation hearing, I shared with him my concerns regarding the recently-enacted VA MISSION Act, including the 40-mile rule change that could hurt rural veterans, the "gatekeeper" provision that requires a veteran to get approval from a VA employee to seek care outside of the VA, and a "VA BRAC," which could jeopardize the future of the Hot Springs VA facility. I told him that I am ready to work hand-in-hand with the VA to address these issues as they implement the VA MISSION Act.

The men and women who have sacrificed so much in service to our nation deserve to know that the VA will support them and make good on our country's promises to them. The care of veterans is my number one priority. I believe that it is Mr. Wilkie's main concern as well, and I look forward to working with him as he takes on the challenges of managing the VA.

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5. Improve Timeliness of Service

5.1 - KNSD (NBC-7, Video): VA Supports Study Testing Efficacy of CBD's Use in PTSD Treatment (1 August, Bridget Naso, 2.1M uvm; San Diego, CA)

Marine veteran Kayla Carnivale says she's been looking for peace since she left the military with Post Traumatic Stress Disorder.

And she's found a natural way to get it.

She began using marijuana and Cannabidiol two years ago to help treat her PTSD and a traumatic brain injury instead of pills prescribed by the VA.

"I went from about eight medications a day and now I'm down to two," Carnivale said.

She says it helps her with multiple symptoms, like "nightmares and loss of sleep," as well as pain and stress.

It's always recommended that any use of a substance be discussed with healthcare professionals and Carnivale said she's been open with her doctor at the San Diego VA.

While marijuana is legal in California the drug is considered illegal by the federal government. But there is a bill making its way through Congress would allow the VA to study its use.

NBC 7 has learned the VA San Diego Healthcare System is in the process of putting together a study using one of the chemicals found in the drug.

"VA is supporting a study to test the efficacy of Cannabidiol (CBD) as a potential adjunctive therapy for PTSD. Unlike tetrahydrocannabinol (THC), CBD is non-intoxicating and has no known abuse liability. The CBD to be used in this study will be produced commercially," the VA San Diego Healthcare System told NBC7 in a statement.

"Federal law requires approvals from a number of federal agencies in order to conduct such a study. VA is working to obtain those approvals, but the process is not yet complete," the statement read.

Carnivale says she understands the hurdles and that some people might object to the drug's use, "But until you're in our shoes and you have our pain, and you have the type of nightmares and lack of sleep and all that that comes with being a disabled war veteran, then you really can't say anything to us."

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5.2 - WGNS (CMN-1450, Audio): Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own (31 July, Scott Walker, 47k uvm; Murfreesboro, TN)

Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up.

The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different.

Do to the MRSA (Mer-sa), doctors had to amputate his leg. After the surgery, he was wheelchair bound and fell into depression that lasted for years. Several years later it was an accident of falling down a flight of stairs that brought him out of that depression.

After undergoing a surgery on his other leg, receiving a prosthetic left knee and later a prosthetic right leg, his life started to change.

Jimmy was sent to the VA Medical Center in Murfreesboro to undergo rehabilitation. WGNS' Scott Walker was at the VA on Tuesday (7/31/18) when Jimmy walked out of the hospital on his own. Keep in mind, he was previously wheelchair bound since 2010...

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5.3 - Salem News: [Congressman Smith Capitol Report: Fighting for warfighters](#) (31 July, Jason Smith, 17k uvm; Salem, MO)

Our grateful nation owes a massive debt of gratitude to the veterans who have fought to protect our country and its freedoms. As I accompanied President Trump this week on Air Force One for his fourth trip to Missouri since becoming president, I saw how devoted he is to fight on their behalf so every veteran receives the best possible treatment upon returning home. I spent some quality time with the president and saw his deep love for both the state of Missouri and the men and women who have served in uniform.

The scene inside the Veterans of Foreign Wars National Convention in Kansas City was electric. The VFW is the oldest major veterans organization in the country and thousands of men and women who served our country packed into the arena to hear the Commander in Chief speak. The president laid out the progress his administration is making domestically to better prepare our military and take care of our veterans and stated the incredible progress our military has made on the world stage eradicating ISIS. You could feel the raw emotion in the room as the president announced that as a direct result of his negotiations with North Korea, the United States has begun to recover the remains of soldiers who lost their lives in the Korean War. The families and brothers-in-arms of our fallen heroes have waited too long for this day, but they will finally be able to lay their loved ones to rest on American soil.

When our veterans were called to serve, they fought and won our wars. There were no empty promises, just responsibility to duty and love for country. Now it is our duty to answer their call to fix the VA and provide them what they need to adjust back into civilian life. President Trump and I aren't interested in empty words, we're committed to producing concrete results to increase veterans' quality of life.

I was part of the team that sent a bill to President Trump's desk which gives the Veterans Affairs Secretary the ability to fire the bad actors who mistreat or neglect our veterans. Together we overhauled the VA Choice program, scrapping the 30-day and 40-mile distance requirements holding veterans back from receiving timely care outside of the VA. We expanded GI benefits, so veterans can seek higher education when it's the right time for them. Our troops put many

aspects of their lives on hold for us when they serve; they don't need an arbitrary government time limit to receive an education.

Veterans, especially rural veterans, deserve access to quality care no matter where they live. Recently I worked on behalf of rural Missouri veterans to increase accessibility at the Salem VA clinic. I presented the VA medical director with petitions from 5,700 people who felt they were being underserved by the VA clinic only providing services two days a month. Today the clinic has expanded their staff and the services they offer to veterans.

My flight to Kansas City with the president was our fourth trip to Missouri together since he was sworn in. One year ago, the president and I were in Springfield so I could show him how rural America would benefit from a simplified tax code. We stood together in St. Charles in November before Congress passed the Tax Cuts and Jobs Act, the result of months of negotiations to cut taxes provide relief to working families and small businesses. In March we traveled to St. Louis, in the spirit of the Show Me State, to hear from businesses finding new life under an updated tax code. I was proud to be with the president in Kansas City at the VFW National Convention and see his respect for the brave men and women who defend our country and its flag, and I'll be with him as we honor our commitments to the veterans who have served this country.

The veterans of the United States are the reason our freedom is possible. They answered the call to serve when our nation needed them. President Trump and I are devoted to answering their call for better care from the government they risked everything to defend and protect.

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6. **Suicide Prevention**

6.1 - The Huffington Post: The Government's Solution To The Opioid Crisis Feels Like A War To Pain Patients (31 July, Art Levine, 22.9M uvm; New York, NY)

Jay Lawrence, an energetic truck driver in his late 30s, was driving a semitrailer across a bridge when the brakes failed. To avoid plowing into the car in front of him, he swerved sideways and slammed the truck into a wall, fracturing his back. For more than 25 years, he struggled with the resulting pain. But for most of that time, he managed to avoid opioid painkillers.

In 2006, his legs suddenly collapsed beneath him, due to a complex web of neurological factors related to his spinal cord injury. He underwent multiple surgeries and tried many medications to alleviate his pain.

The next year, he began to experience some semblance of relief when his doctor prescribed morphine, one of a class of opioid drugs. By 2012, he was taking 120 milligrams per day.

But this isn't a story about opioid addiction. Lawrence managed a relatively productive, happy life on the medication for the better part of 10 years.

"This isn't the life I thought I'd have," he told his wife, Meredith Lawrence, in December 2016. "But I'm all right."

Living on disability payments, he could still walk around their two-bedroom trailer home using his cane, take a shower on his own and, on his good days, even help his wife make breakfast.

Then, in early 2017, the pain clinic where he was a patient adopted a strict new policy, part of a wide-ranging national effort to respond to the increase in opioid overdose deaths.

Citing 2016 guidelines from the U.S. Centers for Disease Control and Prevention, her husband's doctor abruptly cut his daily dose by roughly 25 percent to 90 mg, Meredith Lawrence said. That was the maximum dose the CDC recommends, though does not mandate, for first-time opioid patients.

The doctor also told Jay Lawrence that the plan was to lower his dose to 45 mg over the next two months, a cutback of more than 60 percent from what he had been taking.

At the end of that traumatic visit, his wife said, Jay Lawrence's doctor dismissed their concerns and shared his own fear about losing his license if he continued to prescribe high doses of opioids. (When HuffPost followed up, the doctor declined to comment on the case, citing patient privacy.)

For a month, Lawrence suffered on the 90 mg dose. At times, his pain was so bad that he needed help to get out of the recliner, and when his wife looked over, she sometimes saw tears streaming down his face. He dreaded his next appointment when his dose would be slashed to 60 mg. In the weeks before that scheduled visit on March 2, 2017, Lawrence came up with a plan.

On the day of his appointment, on the same bench in the Hendersonville, Tennessee, park where the Lawrences had recently renewed their wedding vows, the 58-year-old man gripped his wife's hand and killed himself with a gun.

There are at least nine million chronic pain patients in the United States who take opioid painkillers on a long-term basis. As law enforcement and medical regulatory bodies try to curb the explosion in opioid deaths and the rise in illegal opioid use, they have focused on reducing the overall opioid supply, whether or not the drugs are provided by prescription.

There's mounting evidence this won't work — that curbing patient access to legal prescription opioids does not stem the rate of overdoses caused primarily by illegal drugs — and that patients are being denied desperately needed relief. There are also troubling indicators that cutting back on opioids increases the risk of suicide among those with chronic pain.

Some chronic pain patients and advocates have even begun compiling lists of individuals they know who have died by suicide after they were no longer able to treat their pain with opioid medication.

"There is no doubt in my mind that forcibly stopping opioids can destabilize some of the most vulnerable people in America," said Dr. Stefan Kertesz, a professor of medicine and an addiction researcher at the University of Alabama at Birmingham. "And the outcomes for those folks include suicide, overdose and falling apart medically."

For a decade or so, government officials in the U.S. have sought to drive down the opioid supply through a range of tactics — from increased seizures of diverted opioid medications to state crackdowns on "pill mills." The Trump administration has embraced the hard-line approach.

In late January, Attorney General Jeff Sessions announced a “surge” in Drug Enforcement Administration activity targeting pharmacies and physicians that, in the agency’s view, oversupply opioids. In February, the Justice Department doubled down with the announcement of a new task force that would focus on manufacturers and distributors of opioids. In March, President Donald Trump unveiled a plan to lower opioid prescriptions by a third within three years. And in late June, the federal government arrested 600 people, including 165 medical professionals, for allegedly participating in \$2 billion worth of fraud schemes involving opioids.

The Trump administration’s efforts are dramatic even within the context of the CDC’s opioid dose guidelines. The guidelines were originally intended to advise primary care physicians treating chronic pain patients and other pain sufferers. They were urged to exercise caution in prescribing opioids, to use alternatives whenever possible and to prescribe daily doses of no more than 90 morphine milligram equivalents (MME) for new opioid users.

For pain patients like Jay Lawrence who had already been on opioids for years, however, the guidelines simply recommended regularly assessing the harms and benefits of the dosage. They didn’t advise either mandatory cutoffs or any set limits. (The Tennessee Department of Health’s guidelines would also have allowed Lawrence to stay at 120 mg of morphine when prescribed by a pain specialist.)

But “the CDC guidelines have been weaponized,” said Kertesz. The ramped-up enforcement by the DEA and state regulators has led some doctors to choose caution and to overcorrect in their prescribing, lest they lose their ability to practice medicine at all. Kertesz decried these policies as “simplistic” in a definitive new article published last week in the journal *Addiction*.

In February, Sessions struck a particularly harsh tone by suggesting that the fate of chronic pain patients was not high on his list of concerns. “I am operating on the assumption that this country prescribes too many opioids,” the attorney general said. “I mean, people need to take some aspirin sometimes and tough it out a little.”

Attitudes like that are based on a series of mistaken assumptions about pain, according to Dr. Thomas Kline, a North Carolina-based family practitioner and former Harvard Medical School program administrator. Kline regularly updates a list of pain patients, published on Medium, who’ve killed themselves in the wake of draconian restrictions on pain medication.

“I ask people to imagine the very worst pain they’ve ever experienced in their lives,” Kline said. “And then that they’re denied relief by a doctor with the one medicine proven effective for pain control for 50 centuries.” (Historical records show that people in ancient Mesopotamia cultivated the poppy plant for medical use.)

The government’s aggressive focus on doctors and patients is unlikely to address the very real menace of opioid-use disorders and sharply escalating overdose deaths. Fraud driven by pharmaceutical company policies and diversion the phenomenon of prescription medications being sold as street drugs initially spurred a wave of opioid abuse in the late 1990s, as some doctors turned their practices into pill mills. But new reports by the CDC and a drug data firm, the IQVIA Institute for Human Data Science, suggest that prescription drugs play a much smaller role in today’s crisis.

The reports show that total opioid prescriptions dropped 10 percent in 2017 the sharpest annual decline in such prescribing in 25 years. While opioid prescriptions peaked back in 2010,

the studies found that growth rates in opioid-linked deaths, overwhelmingly due to illegal fentanyl and heroin, have skyrocketed in the last seven years.

Indeed, although two-thirds of the 64,000 overall drug overdose fatalities were linked to opioids in 2016—the most recent year for which there is data—more than 80 percent of those opioid drug deaths came from illegal street drugs such as heroin and fentanyl. Prescription opioid drug deaths alone—excluding methadone—amounted to less than 15 percent of all drug overdose deaths, or about 9,500 fatalities.

Still, the CDC's guidelines have triggered restrictive laws in at least 23 states that mandate ceilings on opioid dosage. (Oregon, in fact, is moving to taper dosages down to zero for all Medicaid chronic patients over a year.) That makes relief less attainable for pain patients and threatens the practices of doctors who treat them. These laws have been augmented by the growth of state prescription monitoring programs that use the software NarxCare, which is designed to flag addiction but can also rope in pain patients based on their prescription history and use of multiple doctors.

And in June, the House of Representatives passed over 50 bills that would establish dramatic new restrictions on opioid prescribing, eliciting alarm among patients and some disability rights groups.

The side effects of the current enforcement efforts are disturbing enough, from patients denied relief to drug shortages to suicides.

No health agency has kept track of all pain-related suicides that may be linked to doctors cutting back on prescriptions. But some preliminary findings from Department of Veterans Affairs researchers indicate that VA pain patients deprived of opioids were two to four times more likely to die by suicide in the first three months after they were cut off, compared to those who remained on their pain medications.

That study isn't without flaws. Veterans die by suicide at higher rates than average—currently accounting for 20 suicide deaths a day—so they are not a nationally representative sample. And the VA study, which was released at a national opioid summit in early April, has not yet been submitted for peer review.

But another study, published last year in the peer-reviewed journal General Hospital Psychiatry, looked at nearly 600 veterans who in 2012 were cut off from dosages after long-term opioid use and found similar results. Twelve percent of the vets showed suicidal ideation or took violent action to harm themselves—a rate nearly 300 percent higher than the overall veterans community.

"To protect people, you have to take care of the patient, not the pill count," said Kertesz, who worked on the VA's April 2017 study but spoke to HuffPost only as an independent researcher. "The findings suggest that the discontinuation of opioids doesn't necessarily assure a safer patient."

Even terminally ill cancer patients are increasingly getting less relief, and there are growing shortages of injectable opioids at local hospitals and hospices, spurred in part by DEA-ordered reductions in opioid manufacturing quotas.

Leah Ilten, a 53-year-old physical therapist who lives in Kennewick, Washington, told HuffPost that as her 86-year-old father lay dying of pancreatic cancer in a hospice, the medical staff ignored her pleas to provide appropriate opioid pain relief, even cutting his dosage in half on the last day of his life. A few days earlier, when he was in the hospital, one nurse explained to her that opioids could lead to an overdose or could potentially cause the man, who lay moaning in pain, to “get addicted.”

“I was horrified,” Ilten said.

In mid-April, the DEA responded to the injectable opioid shortage by lifting production quotas. An agency spokesman told HuffPost that it was “a manufacturers’ problem, not the quotas,” while asserting that progress is being made.

There have been production issues, including Pfizer’s foul-ups with a plant in Kansas. But the DEA’s delay in taking action — shortfalls were flagged in February in a letter from the American Society of Anesthesiologists and other health groups — definitely contributed to the shortage, according to Dr. James Grant, president of the ASA. He told HuffPost that quotas were among the factors creating the crisis.

Faced with the hardline national crackdown on opioid prescriptions, people with chronic pain are trying to raise awareness of the suffering caused by the loss of medications. Some are gathering the names of those patients who ended up taking their own lives, both as a memorial to those who died and as a protest against the health establishment that has seemingly abandoned them. Others are seeking comfort from each other on social media.

Lelena Peacock, who declined to name her southeastern city of residence for fear of retaliation from doctors, is struggling with how to treat the pain associated with fibromyalgia. The 45-year-old found that her social media posts drew other pain patients who turned to her for help.

By her own count, Peacock has thus far convinced more than 70 chronic pain patients to call 911 or suicide prevention hotlines instead of killing themselves.

For Anne Fuqua, a 37-year-old former nurse from Birmingham, Alabama, the motivation for compiling a list of chronic pain-related suicides is to track the damage done by what she sees as policies that have left people like her behind.

“There’s so many people who have died,” she said. “We have to remember them.”

Fuqua has an incurable neurological illness known as primary generalized dystonia that causes Parkinson’s-like involuntary movements and painful muscle spasms. She started taking about 60 mg of Oxycontin a day in 2000. Her doctor began to limit her access to high doses of opioids in 2014, the same year she started chronicling those friends who had killed themselves or otherwise died after being denied pain medications. Her informal list is now up to roughly 150 people, augmented by lists that other pain patient advocates have compiled.

On July 9, Fuqua joined other chronic pain patients at a meeting at the Food and Drug Administration campus in Maryland to express their fears and outrage at the cutbacks. Sitting in the front row in her wheelchair, she told FDA officials about that list and declared, “I’m not willing to go back to the state I was in before I started treatment.”

Fuqua's own difficulties are compounded by the fact that her body does not respond to even large doses of opioids the way others do — she suffers from severe malabsorption that hampers her ability to benefit from everything from opioids to vitamin D. Since 2012, she has relied on a strikingly high daily regimen of 1,000 MME of opioids, including fentanyl patches, to manage her pain.

But her physician, Dr. Forrest Tennant, was driven to retire this year after a DEA raid and investigation. The Los Angeles-area physician mailed her a final series of prescriptions, which will run out at the end of July.

"It's terrifying," she said looking at her future. "If these were people who had asthma or diabetes and weren't stigmatized because of opioids, this wouldn't be allowed to happen."

Another doctor has quietly stepped forward to continue treatment for Tennant's remaining patients, Fuqua said, although there's no assurance that this physician won't also be investigated in the future.

The raid on Tennant's home and office last November illustrates the hard-line regulatory and enforcement approach that critics say doesn't distinguish between pill-mill doctors who deserve to be shut down and legitimate pain doctors who use high-dosage opioids. The wide-ranging search warrant served to Tennant essentially accused him of drug trafficking even though he'd earned a national reputation for deft treatment of and research about pain patients.

"He's highly respected and prominent in pain management," said Jeffrey Fudin, a clinical pharmacy specialist who heads the pain pharmacy program at the Albany Stratton VA Medical Center in Albany, New York, and serves as an associate professor at the Albany College of Pharmacy and Health Sciences. "Most of his patients had no other options, and they came from around the country to see him."

Tennant was known for taking on difficult-to-treat patients, including those suffering from pain as a result of botched surgeries and other forms of malpractice. His research included innovations in the use of hormones to alleviate pain and lower opioid use up to 40 percent, as well as work on genetic testing for enzyme system defects that lead to opioid malabsorption.

"The DEA can trigger an investigation every time they misapply the CDC guidelines without paying attention to the population the physician treats or issues of medical necessity," said Terri Lewis, a patient advocate and a Ph.D. clinical rehabilitation specialist with Southern Illinois University who trains clinicians on how to manage seriously ill patients with incurable pain.

Special Agent Timothy Massino, a spokesperson for the DEA's Los Angeles division, declined to comment on the agency's approach to Tennant. "It's an ongoing investigation," he noted.

Tennant's isn't alone. Physicians must now balance their prescribing obligations to their patients with legitimate fear for their livelihoods.

DEA enforcement actions against doctors have risen some 500 percent in recent years — from 88 in 2011 to 449 last year, according to an analysis of the comprehensive National Practitioners Data Bank by Tony Yang, a professor of health policy at George Washington University. Even though that's a relatively small number of arrests compared to the roughly one million physicians in the country, such arrests can have an outsized impact.

"They make big news, and they serve as a deterrent for physicians whose specialties require them to use a lot of pain medications," Yang said. "It makes them think twice before prescribing opioids."

Dr. Mark Ibsen of Helena, Montana, found himself in a five-year battle against the state licensing board that's still not over even though a judge last month reversed the board's decision to suspend his license because of due process violations. The court has remanded the case back to the licensing board for potential further investigation of his opioid prescriptions, but Ibsen has decided he won't resume his medical practice.

That's bad news for Montana, which has the highest rate of suicide in the country, according to the CDC. What's more, chronic pain-related illnesses account for 35 percent of all the state's suicides, as a recent state health department study found.

In the course of his fight with the medical board, the 63-year-old doctor said three of his former chronic pain patients have killed themselves after he and other doctors stopped prescribing opioids. The first of those patients died shortly after attending a hearing to show his support for Ibsen.

The deaths of pain patients haunt those who treated them and loved them. Meredith Lawrence, who sat with her husband to the very end, said, "It was as horrifying as anything you can imagine."

"But I had the choice to help him or find him dead someday when I came home," she added.

Lawrence was arrested and sentenced to a year's probation for assisting a suicide. Now her goal is to fight restrictions on opioid prescriptions.

"If we don't stand up, more people will die like my husband."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Miami Herald: [Miami's homeless veterans need legal assistance. You can help them get it.](#) (31 July, Brittney Horton, 8.9M uvm; Miami, FL)

The U.S. Department of Veterans Affairs (VA) recently released the results of a survey of homeless veterans, including those here in South Florida, asking what types of services and support they need to get back on track. Some answers were predictable, such as housing or mental health treatment. But their most common request might surprise you: civil legal aid. As an attorney with the Veteran's Legal Advocacy Project at Legal Services of Greater Miami, I can tell you why that is — and how you can help.

The CHALENG survey, short for Community Homelessness Assessment, Local Education and Networking Groups, asks homeless veterans every year about their needs and wants. Four of the top 10 requests from male veterans this year were legal help for child support, restoring a driver's license, resolving outstanding warrants and fines and preventing evictions. Another

recent study found that 88 percent of low-income veterans (and 86 percent of all low-income Americans) received no help at all or inadequate help for civil legal problems like these.

This means that even for veterans who risked their lives to defend the principle of justice for all, justice may be out of reach in civil courts.

Most of us know that if you are accused of a crime in America you have the right to a lawyer if you cannot afford one. However, many people do not know that if you are having civil legal troubles and you cannot pay for an attorney, you are usually on your own. This includes issues that can have serious consequences like landlord-tenant disputes, divorce and child support, consumer debt and more.

When these issues go unresolved, they can quickly spiral out of control. People can lose their homes, their livelihoods and even their children, simply because they cannot afford the legal help to enforce their rights. Fortunately, last year we helped almost 300 veterans avoid these terrible outcomes through the Veteran's Legal Advocacy Project.

For example, we recently helped a Vietnam-era veteran obtain Supplemental Security Income (SSI). Even though he had severe physical impairments and was hospitalized at the VA, the Social Security Administration claimed he was not disabled and denied him the assistance. Without the SSI benefits, the veteran could not afford housing. We represented the veteran at a hearing before the Social Security Administration; we won: He got his benefits plus back pay of \$14,152. These funds helped him obtain housing, leave the hospital and avoid homelessness.

Organizations like Legal Services of Greater Miami offer civil legal aid to those who cannot afford attorneys on their own. This includes critical legal work like defending evictions and foreclosures, and appealing denials of VA, Medicaid and disability benefits. The 50,000 veterans in Miami-Dade are an important part of the population we serve.

Unfortunately, too many veterans still go without the help they need. How can you help? If you know a veteran in Miami-Dade or Monroe County with a civil legal problem, refer them to the Veteran's Legal Advocacy Project. If you are a lawyer, volunteer to take a case. Or, support civil legal aid programs, like Legal Services of Greater Miami, which prevent veteran homelessness and ensure that veterans have access to the justice they fought to protect.

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7.2 - The Fayetteville Observer: Sandhills State Veterans Cemetery to receive nearly \$6M VA grant (31 July, Drew Brooks, 439k uvm; Fayetteville, NC)

North Carolina has received nearly \$9 million in grants to help make improvements at two veterans cemeteries.

The Sandhills State Veterans Cemetery in Spring Lake and the Western Carolina State Veterans Cemetery in Black Mountain will benefit from the grants, according to officials with the N.C. Department of Military and Veterans Affairs.

The Sandhills State Veterans Cemetery, nestled between Spring Lake and Fort Bragg off N.C. 210, will receive the bulk of the funds, which are being provided by the U.S. Department of Veterans Affairs.

Officials said they will receive nearly \$6 million to fund an expansion of the cemetery, improve landscaping and build supporting infrastructure such as roadways.

The grants will not add more land to the cemeteries, said Angella Dunston, a spokeswoman for the N.C. Department of Military and Veterans Affairs. Instead, the money will help improve the cemeteries and develop further parts of the properties.

Without the grant money, Dunston said, the Sandhills State Veterans Cemetery was nearing capacity and could have run out of room within the next two years.

A nearby cemetery on Fort Bragg, the Main Post Cemetery, filled its capacity several years ago. There are 3,000 veterans and family members buried at the Fort Bragg cemetery.

The Sandhills State Veterans Cemetery, which was created from 50 acres gifted to the state from Fort Bragg in the late 1980s, has more than 6,000 graves, according to officials.

The nearly \$6 million grant for Sandhills State Veterans Cemetery will fund 2,240 pre-placed crypts, 362 in-ground cremated remains sites and 880 columbarium niches, in addition to roadways, landscaping and other infrastructure.

The project will serve the approximately 175,000 veterans and family members who are potentially eligible to be buried at the cemetery, Dunston said.

Larry Hall, the state secretary of Military and Veterans Affairs, said the grants to expand two of the state's four veterans cemeteries were a reflection of North Carolina's reputation for stewardship.

"We look forward to working with the General Assembly to ensure that the state is able to continue maintaining and improving these facilities in the future so that our deceased veterans and their families can be honored and given the respect they earned and so rightly deserve," Hall said.

The Western Carolina State Veterans Cemetery will receive about \$3 million for a smaller expansion, officials said. The grant would provide 1,300 pre-placed crypts, 564 in-ground cremated remain sites and 1,360 columbarium niches, officials said. Approximately 124,000 North Carolina veterans and their family members are eligible for burial in the cemetery.

Other state veterans cemeteries are in Jacksonville and Goldsboro.

"North Carolina is proud to be the most military and veteran friendly state in the nation and I want to thank our federal partners at the Department of Veterans Affairs as well as North Carolina's congressional delegation for working to ensure that we can continue to serve our veterans and their loved ones," Hall said.

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7.3 - The Daily Journal: [Addressing homelessness](#) (31 July, Jonathan Madison, 160k uvm; San Mateo, CA)

My first legislative assignment on Capitol Hill came within months after I was hired to the House Financial Services Committee's Subcommittee on Housing and Insurance. The subcommittee was tasked with drafting a bill that would effectively reduce the homeless population among at-risk youth: H.R. 32 — The Homeless Children and Youth Act.

Before we drafted the bill, we were asked to partner with the Department of Housing and Urban Development to participate in a survey of homeless persons. For three hours on a brisk night in November, we marched the streets of Washington, D.C., identifying and asking homeless individuals whether they attempted to find shelter at a HUD homeless facility. Our findings were astonishing. Most of these individuals did not know shelters were available, or were turned away altogether. Among the most memorable individuals, I can recall a veteran of World War II having lost everything after losing an ongoing battle with post-traumatic stress disorder. I recall a drug addict who had given up on rehab. Most vividly, I recall a woman suffering from severe depression following a divorce and losing custody of her two children. These individuals had simply lost their way, but were not out of reach.

After several months of working tirelessly on nights and weekends, we managed to draft and garner bipartisan support for the bill before it was brought before the committee for a vote. Awaiting the vote with a hopeful grin, I proudly stood behind the members of Congress with talking points in hand as they debated the fine points of the bill. To my surprise, rather than collaboratively working to fine-tune the bill, many of the members focused on political differences rather than finding consensus on policy for the greater good.

Discouraged by the bill's defeat, I solemnly returned to my desk, trashed my talking points and loosened the stiff knot on my suit tie. I learned a difficult lesson to grasp that day. Addressing homelessness is among the least of favorable issues for many legislators. Quite frankly, that is because it is always an issue for which leaders in politics will be criticized. Moreover, it is not a profit-driven issue, and thus is not strongly supported by special interest groups. The end result is a cohort of federal agencies tasked in part with overlapping and duplicative goals of addressing homelessness that ineffectively address the problem.

Consider the Department of Veterans Affairs, an agency that administers homeless assistance and services for our wounded heroes. The agency continues to face its own battles in trying to provide quick and effective shelter and treatment for veterans who need it most. Last year, the 15-member commission tasked by Congress to reform the U.S. Department of Veterans Affairs reported several deficiencies that, despite a significant increase in funding over the past two years, continue to plague the agency. Some of these deficiencies include "flawed governance," "insufficient staffing" and "inadequate facilities."

Some suggest that merely increasing state and federal funding is the cure-all to our homeless population. I would direct them the alarming discrepancy in the skyrocketing homeless population in the Bay Area and the money our state expended on addressing homelessness in the past fiscal year. In fact, the city of San Francisco funneled more than \$275 million on homelessness and supportive housing in the last fiscal year. Nevertheless, the homeless population continues to increase.

Consider the irony: One of the single most profitable places in our nation — the Bay Area — is also home to one of the single largest homeless populations. The problem is not merely a shortage in funding. The problem is in large part attributed to the lack of affordable housing here in the Bay Area. Don't take my word for it. The State Legislative Analyst's Office tells us that we need to build more than 100,000 new rental units per year to make room for the state's growing

population. The more housing units we build, the more residents will have affordable housing alternatives from which to choose. More affordable housing options would enable many undergoing financial hardship or facing a mental illness to outlast the battle and avoid falling into homelessness. Moreover, we must ensure that every tax dollar targeted to addressing the homeless population is efficiently used and accounted for.

I do not suggest that affordable housing is the solution for all homeless persons as many are in need of supportive housing, transitional and mental health facilities. Nonetheless, for those who are able-bodied, affordable housing would provide such persons with an opportunity for a fresh start. The bottom line is that, to address the homeless population, we must concurrently address the affordable housing shortage in our state. To that end, we must begin to implement the means of market-based solutions, rather than legislating or funding our way through the problem.

A native of Pacifica, Jonathan Madison worked as professional policy staff for the U.S. House of Representatives, Committee on Financial Services, from 2011-2013. [...]

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7.4 - Temple Daily Telegram: Job fair focuses on veterans (27 July, Janice Gibbs, 157k uvm; Temple, TX)

Plenty of veterans showed up for a job fair Friday at the Olin E. Teague Veterans' Medical Center.

Held quarterly, the job fairs, sponsored by the Therapeutic and Supported Employment Services, have been steadily growing.

Robert Lopez, vocational rehabilitation specialist, said about 40 vendors attended.

Veterans and their immediate family members were invited.

Temple Police Department, McLane Co. Warriors to Wheels, Trident Education, Texas Department of Public Safety, and Troops to Teachers, Verizon Wireless, and Caliber Collision and more companies, schools and organizations were represented at the fair.

The vendors know that their audience is going to be veterans, Lopez said.

"With the veterans you get honesty, flexibility and reliability," he said.

Christine Vela Nemetsky, project coordinator for Troops to Teachers, was at the fair.

"We offer veterans another opportunity to serve again," Nemetsky said. Veterans who decide to participate in the program fill out the application and are walked through the certification process, she said.

"We aren't the certification program, but we work with them, offering guidance counseling, and incentives that help pay for the certification," Nemetsky said.

It's a national program and once a veteran puts in the application for the Proud to Serve Again website they can choose the state they want to teach in.

Nemetsky participated in the Troops to Teachers program 28 years ago.

"I taught in Austin, then I went to Georgetown and then I was a principal in Round Rock," she said.

Larry McBride was representing Heavy Equipment College of America at the job fair.

"We're looking for a local recruiter," McBride said.

The college is looking at getting soldiers and others trained up for a five-year certification to drive heavy equipment, he said.

"This is our first time at this event; we were on Fort Hood yesterday," McBride said.

The jobs require hard work and McBride was looking for anyone who was willing to take the jobs on.

"It's not so much hard physical work, it's sitting on a seat for a long period of time and paying attention," he said. "Attention to detail is important. You can be a great worker or you can lose a \$1 million worth of stuff."

Cody Morris, a veteran in the therapeutic and supportive employment service, talked to McLane's Warriors to Wheels representative.

Morris' marriage took a turn for the worst in 2016 and he was furloughed twice while working as a government contractor, in 2013 and 2016, during the government sequestrations.

"My panic disorder sent me to the hospital and I spiraled all the way down to rock bottom," he said.

Morris said he came to the VA and put his life back together.

"I'm moving onward and upward," he said.

Morris is working as an electrician assistant in the supportive work services program.

"I get paid minimum wage, but it's therapy not employment," he said. "I'm putting together a life again. It's a whole different world from when I started and it's a vastly different world from where I was."

The next job fair will be Oct. 22.

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7.5 - Chillicothe Gazette: [Fresh off WrestleMania appearance, microwrestler Eric Smalls wows veterans at local show](#) (31 July, David Wysong, 154k uvm; Chillicothe, OH)

Veterans at the Chillicothe VA Medical Center were given a large show by a micro-performer over the weekend.

A group of eight professional wrestlers performed for the veterans Saturday afternoon, with Eric Smalls — who was in the WWE's WrestleMania 34 and stands at four-feet-six-inches-tall — being one of the headliners.

"It was like being a kid again," said Marine veteran Chuck Bowers. "My little brother and I used to watch, on the black and white TV, the old-time wrestling, and we used to holler and scream ... I got into hollering and screaming with these guys."

Smalls is no stranger to wrestling in Ohio as the former Whitehall Ram used to freestyle for them on the mat. Professional wrestling like the WWE and other similar programs have always been a big interest for Smalls, though, as he watched it growing up with his dad, and then eventually became a manager and going to professional wrestling shows at 14.

"My dad got me into wrestling when I was a child," Smalls said. "That was something that stuck with me, and when he passed away when I was six, back in 1993, I just kept watching it, watching it, and watching it. I would always go outside on the trampoline and wrestle. Wrestling was life."

Smalls then began wrestling at shows around the age of 20 and has been on the come up ever since. The culmination of all his work came in April, though, when the WWE asked him to be a part of WrestleMania 34.

"It was surreal [at WrestleMania]," Smalls said. "Seeing all the bright lights, seeing all the people that was going to be there. It was like a dream come true. To me, it was like I finally did it."

During Saturday's show in Chillicothe, Smalls was the good guy — also known in wrestling as the face — and he fought the villain, Little Bam Bam — referred to as the heel.

"[Smalls] had a good personality," said 34-year Navy and Army veteran Lowell Sparks. "He didn't really care what Bam Bam said or did, he was going to win no matter what — and he had the personality to go with it. I really liked that."

Wrestling for charity

Smalls has done various charitable shows in the past, so he was excited to perform for the veterans.

"They served our country, and they protected us and made us safe," Smalls said. "I [thought] it would be awesome to do a wrestling show for them and entertain them."

In return, the veterans immensely appreciated Smalls and the other wrestlers coming out.

"We appreciated that a lot," Bowers said. "It took a lot of us back, maybe to our childhoods or to a better time in our life."

The Columbus Chapter of the Knights of Columbus sponsored the event and sponsor various other activities for the veterans throughout the year.

"[Through] the collaboration with our community partners, like the Knights of the Columbus and the other organizations in the area, we're able to facilitate these types of activities and events for our nation's heroes," said Chillicothe VA Medical Center Voluntary Service Chief Gerardo Navarro.

The Knights of Columbus plan to sponsor the wrestling event again next year.

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7.6 - KPAC (NPR-90.1, Audio): [Their Last Fight: Filipino Veterans Make A Final Push For Recognition](#) (1 August, Dorian Merina, 77k uvm; San Antonio, TX)

During World War II, more than a quarter million Filipinos fought alongside American soldiers. Many are still awaiting the recognition promised to them.

Maximo Purisima Young was just 19 years old when he heard President Franklin D. Roosevelt call upon Filipinos to join American forces fighting in the Southeast Asian islands during World War II.

In a clandestine radio broadcast which aired throughout the Philippines, Roosevelt asked Filipinos to "stand firm" along with the U.S. and pledged to "keep that promise" of independence for the U.S. Commonwealth.

"When we heard that, all of us shouted," recalled Young, now 97. At the time of broadcast, he was camped alongside American troops - part of a remote force driven back by the well-armed Japanese army.

"All of us, Americans and Filipinos, were happy; we were shouting," Young said.

Young, a Filipino, spent part of the war on a boat, shipping critical supplies and troops through the treacherous waters around Manila. At one point, he was captured by the Japanese and later escaped. He went on to lead guerilla fighters on the island of Negros, working closely with U.S. forces as they planned their return. His service earned him a Silver Star from the Philippine government.

But when he applied to be recognized by the U.S. government after the war, he was denied.

"When you write for compensation, they tell you that our records are closed," said Purisima Young. "Really, it's frustrating. Very, very frustrating."

A Broken Promise

At least 250,000 Filipinos fought with American forces in World War II. After the notorious Bataan Death march in April 1942 and the withdrawal of most U.S. forces, the fight against the Japanese was left mostly to locals. Ordinary Filipinos hidden in the jungles and mountains led the resistance.

The toll was high: more than a million Filipinos died.

Roosevelt signed a presidential order in 1941 bringing all military forces in the Philippines under U.S. control. But after the war, in 1946, the U.S. Congress passed legislation that stripped recognition from Filipino soldiers. It was called the Rescission Act, and it explicitly barred "rights, privileges, or benefits" from most Filipinos who fought. That same year, the Philippines became an independent nation.

U.S. records, declassified in 1988, show that the military's attempt to document the service of Filipino troops was inadequate and incomplete. It became even more difficult after a 1973 fire destroyed millions of military records, including those of many Filipinos. Tens of thousands of Filipino fighters were shut out.

It's a dark legacy that, for many, continues today.

"They are almost at the end of their lives, and yet they are not receiving anything," said Perla Teves, the daughter of a Filipino veteran and an advocate in Manila with the Filipino War Veterans Foundation.

Out of the quarter-million Filipinos who fought in the war, only about 6,000 are still living in the Philippines, according to the Philippine Veterans Affairs Office, which estimates hundreds could be dying every month.

"All of them are sick, they are living in their twilight years," said Teves. "If the U.S. government still plans to give renumeration to these unrecognized World War II veterans, they better make it fast because time is running out."

A piecemeal approach to reform

Over the decades, the U.S. government has made a few efforts to address the issue. In 1990, President George H.W. Bush signed a law offering citizenship to some Filipinos. In 2009, the Obama Administration provided one-time payments to others: \$15,000 for U.S. citizens and \$9,000 for Filipino citizens. By the end of 2017, \$226 million had been awarded to more than 22,000 people. (Purisima Young was one of them.) But Department of Veterans Affairs records also show that more than half of the applicants who tried to qualify were denied.

The VA notes that some Filipinos do qualify for certain benefits, such as pensions and one-time compensation. And last year, Congress awarded Filipino veterans the Congressional Gold Medal, though the award, usually reserved for civilians, was mostly symbolic.

Critics say this reveals a problem in how the U.S. has addressed the issue: by avoiding a comprehensive approach.

"I think the opposition is primarily fiscal," said Democratic Senator Brian Schatz of Hawaii. He's sponsoring a bill that would recognize the last remaining Filipino veterans. The measure, co-sponsored by Republican Lisa Murkowski of Alaska, would extend recognition to all Filipinos who fought. It would also make it easier for them to prove their service.

Schatz does not yet have a cost estimate, but a more limited bill introduced in 2015 would have cost \$53 million in the first year, according to a Congressional Budget Office estimate.

"These soldiers fought under the American flag because they believed in our shared ideals," said Schatz. "They bled for us and for our ideals and they also fought with us with the understanding that they would be treated like American veterans."

Widows, children carry on the fight

Helen Balani, 87, can remember the heavy bombing near her home in Bukidnon, Mindanao, a southern island in the Philippines.

"We were always scared," she said, saying her parents would scramble to find the kids as planes roared overhead. "My mother shouted, 'Run!'"

At the time, her future husband, Ireneo Balani, joined other young Filipinos and fought as a guerilla in the mountains. He was later recognized by the Philippines government as a Scout, a division of local forces that helped guide U.S. troops through the dense mountainsides. He died in 2004.

Today, Helen Balani lives in Los Angeles in a cramped three-bedroom house she shares with five people, including her daughter and two other World War II widows.

"Our husbands fought with the American army side by side, shed blood together with the Americans during that time, and thousands of our people died together with the American people," said Balani.

As a widow, she receives 5,000 pesos a month from the Philippine government, or about \$100. But so far, she has been denied benefits from the U.S. Lately, Balani has had trouble making rent and fought an eviction notice.

"We are not trying to steal the money of America," she said. "We just want what is due to us."

Balani is not alone. In her neighborhood, known as historic Filipinotown, about a quarter of the Filipino families have a direct tie to a World War II veteran, according to Art Garcia, a community organizer and the national coordinator for Justice for Filipino American Veterans.

"That's the irony of it," said Garcia. "Imagine you fought for a war side by side with Americans and yet you're denied being an American veteran."

Garcia has been working to expand recognition for Filipinos for more than two decades. He said he sees the current legislation in the Senate as the final piece.

"If it is completed, America has paid its dues to the Filipinos," he said.

But he's worked long enough to know that passage is far from certain. The bill currently awaits action in the Senate's Veterans Affairs committee, and though it has garnered bipartisan support, the upcoming election season may make it tough for advocates to keep lawmakers' attention on the issue.

"We will continue fighting for benefits and for recognition," said Garcia. "We will not let up."

How much longer will they fight?

"As long as it takes," he said.

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7.7 - KBSU (NPR-90.3, Audio): [Finding A Solution For Idaho's Homeless Veterans](#) (31 July, Samantha Wright, 70k uvm; Boise, ID)

Many of our veterans come home from active military service to find a lack of resources to help them get settled back into civilian life. As rental prices soar, many veterans are on the verge of homelessness. We take a look at a new initiative that the City of Boise is putting together to find permanent housing for vets.

Further resources:

Veteran's Homeless Hotline: 1-877-4AID-VET (1-877-424-3838)

Veteran's Crisis Line: 1-800-273-8255 (Press 1)

Boise VA Health Care for Homeless Veterans' Program: (208) 422-1000 Ext. 1039 or john.randall.va.gov

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7.8 - The Reporter: [Donation from Vacaville firefighters benefits Sacramento Valley National Cemetery Honor Guard](#) (31 July, Kimberly K. Fu, 67k uvm; Vacaville, CA)

Suited up in full uniform Tuesday, the Sacramento Valley National Cemetery Honor Guard gratefully cemented a partnership with members of another local outfit dedicated to service — Vacaville Firefighters Association Local 3501.

Thanks to a May fundraiser selling specially-designed camouflage shirts, Firehouse Subs in Vacaville donating a percentage of their proceeds and the Vacaville City Firefighters Charity Fund matching contributions, \$2,440 was presented to the honor guard.

"We thank you very much. This is going to go a very long way toward keeping us doing what we do," said Lu Pietrowski with the Honor Guard. "We appreciate everything you do and what you do is amazing."

The money will go toward uniforms, Pietrowski said. Volunteers are provided with a complete uniform, which is expensive. The outfit depends on donations.

Luke Iott, a firefighter/paramedic, came up with the idea to help the Honor Guard.

For the past several Memorial Days, firefighters have held fundraising efforts and donated the proceeds to various causes, advised Firefighter Dave Wonnell.

"We thought, what could we do not just for veterans, but for those who are still serving?" Iott remembered.

Then came the idea of the Honor Guard, who are all volunteers.

"They're still serving our veterans and their families every day," he said.

So in May, the union paid for the shirts, which were sold at Firehouse Subs, and the Charity Fund matched the donations.

Firefighter/Paramedic Randy Titus reminded fellow firefighters that Firehouse Subs also pitched in 15 percent of their food and drink proceeds, adding to the day's take.

Wonnell added that the shirts were so popular they sold out twice.

Another fundraiser, complete with new shirts, is slated for October. The firefighters will be touting breast cancer awareness.

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7.9 - Muskogee Phoenix: [VA provides free care for Military Sexual Trauma](#) (1 August, Patricia Byrd, 63k uvm; Muskogee, OK)

Department of Veterans Affairs (VA) data reveals that about 1 in 4 women and 1 in 100 men veterans experienced Military Sexual Trauma, or MST, during their military service. This includes only veterans enrolled for VA health care.

MST is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment. This includes any sexual activity where a servicemember is involved against his or her will, unable to consent to sexual activities or physically forced into sexual activities.

Research has shown that sexual trauma is more likely to cause Post-Traumatic Stress Disorder (PTSD) than any other type of trauma, including combat.

Servicemembers are more likely to experience PTSD symptoms due to MST than civilians. This can be the result of survivors being deployed far from family and social support and continued exposure to the offender if not reported. The servicemember may also experience a feeling of betrayal if the offender is a fellow servicemember.

Other common mental health issues include depression, anxiety, problems with drugs and alcohol, insomnia, nightmares, intense emotions, eating disorders, and feelings of detachment from others. This is not a complete list of symptoms and every individual responds differently.

Health problems related to MST can also include sexual difficulties, chronic pain, weight or eating problems, and/or stomach problems.

Fortunately, MST-related services are available at every VA medical center. Nationwide, there are more than 24 VA residential/inpatient programs that range from four to eight weeks.

Locally, the Eastern Oklahoma VA Health Care System has a specialty team and treatment program that provides services to those who experienced MST. Services include assessment, individual and group therapy, peer support and medication management.

All treatment for physical and mental health conditions related to experiences of MST is free. Veterans do not need to be service-connected. Veterans may be able to receive this benefit even if they are not eligible for other VA care.

If you have any questions about MST, please call Patricia Byrd, Ph.D., MST Coordinator, at (918) 577-3443.

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7.10 - Finger Lakes Times: [Canandaigua VA hosts retreat](#) (31 July, 53k uvm; Geneva, NY)

CANANDAIGUA – The Department of Veterans Affairs Medical Center, 400 Fort Hill Ave., recently hosted a women veterans retreat at the Equicenter.

Attended by 10 women, the event focused on self-care and strengthening the community of women veterans.

Activities included journaling, mindfulness activities, Reiki meditations and horsemanship.

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8. Other

8.1 - The Daily Caller (Video): [The Bible Trump's New Va Secretary Chose To Be Sworn In On Tells You Everything You Need To Know](#) (31 July, Benny Johnson, 12M uvm; Washington, DC)

President Trump swore Robert Wilkie in as Veterans Affairs secretary Monday at the White House.

Fixing the broken VA health system is a campaign promise Trump made in 2016 during the election. Trump has signed legislation allowing greater flexibility for veterans seeking health.

During the swearing-in ceremony, Trump said of Wilkie:

Robert Wilkie is the proud son of an Army veteran, an artillery officer raised on the base at Fort Bragg, North Carolina. That's a great place. On his daily walk to high school with the woman who is now his wife, he passed by the Fayetteville VA hospital, which bore the inscription: "The Price of Freedom is Visible Here." It made a big impact. It was a price Robert saw firsthand through his own father, who was gravely injured in combat during the Vietnam War.

Robert went on to serve as an officer in both the Air Force and the Navy, then as Assistant Secretary of Defense for Legislative Affairs, and as Under Secretary of Defense for Personnel and Readiness. Robert also serves with distinction as Acting Secretary of Veterans Affairs.

During the swearing-in ceremony, Wilkie produced a worn-looking Bible. The Bible had an incredible story to it, which Wilkie shared with his audience.

"The Bible that I will take my oath on reminds me of the 100th anniversary of the end of the war to end all wars," Wilkie said, referring to WW1, "It was a Bible taken into battle by my wife's grandfather who had probably never ventured beyond three or four counties in North and South Carolina. But by the time he was 18, he was marching up the Champs-Élysées into the cauldron of the Meuse-Argonne."

Wilkie continued, telling the story of ordinary Americans who fought gallantly in the war:

On another part of that battlefield was a young captain of field artillery — my great-grandfather — who left a small-town law practice in Cleveland, Mississippi, to join up with the All American Division, which, by the way, had a reluctant soldier, a scratch farmer from Pall Mall, Tennessee by way of Buncombe County, North Carolina, who would not only earn the Medal of Honor but go on to be the greatest hero of that war. Private Onslow Bullard, Captain A.D. Somerville, and Sergeant Alvin York — ordinary Americans called upon to do extraordinary things. It is their ... descendants whom we are honored to serve. Millions of ordinary Americans who have answered a special call for us.

Mr. President, I am humbled by your confidence. I am humbled by the prospect of serving those who have borne the battle, those American men and women who have sacrificed so much.

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8.2 - NBC News: [Trump silent on Mueller at Tampa rally](#) (1 August, Jonathan Allen, 9.6M uvm; New York, NY)

A key member of President Donald Trump's gallery of personal villains was missing when he campaigned here Tuesday night: special counsel Robert Mueller.

The federal prosecutor investigating the Trump operation's ties to Russia and possible obstruction of justice was noticeably absent from the president's stump speech on the day former Trump campaign chief Paul Manafort went on trial in Virginia.

Often, Trump invokes the probe — which he calls a "witch hunt" — to rally crowds at his political events. He also tweets frequently about the investigation, and about Mueller personally, and peppers official remarks with broadsides against both.

The heat of the Mueller probe has been turned up this week, both because of the start of the Manafort trial and because Trump has begun moving the goalposts on what might be considered criminal activity. While he used to say that "there was no collusion" between his team and Russia during the 2016 election, he switched this week to arguing that "collusion is not a crime."

And in previous legal battles — most notably, over his original travel ban policy — Trump has found his public statements can be used against him in court.

On Tuesday, as he campaigned in Florida for his own re-election and for Republican candidates, including current Gov. Rick Scott, who is challenging Democratic Sen. Bill Nelson, and Ron DeSantis, who is seeking the GOP's gubernatorial nod, he added nothing to the litany of complaints he has lodged against Mueller and the special counsel's legal team.

Trump played most of the rest of his greatest hits against perceived enemies: He called out House Minority Leader Nancy Pelosi, Rep. Maxine Waters, D-Calif., Sen. John McCain, R-Ariz., the "fake news" and people who don't like Christmas.

In some cases, his condemnations were false.

For example, he accused Democrats of opposing legislation he signed that makes it easier for officials at the Department of Veterans Affairs to be fired.

"If somebody treated our veterans badly ... you couldn't say 'You're fired,' he said. "Now you can say you're fired."

"We had no help — very little — from Democrats," he said. "Not because it's not right, but because they don't want to give Trump any victory."

The Senate passed the bill unanimously, and it was co-sponsored by Nelson, whom Trump campaigned against Tuesday night. In the House, it passed with 137 Democrats voting in favor and 54 voting against.

The issue is particularly poignant in Florida, which is home to more than 1.5 million veterans, and for Nelson, who served on active duty during the Vietnam War.

But the crowd here — as boisterous as any at a recent Trump rally — didn't seem to notice or care much about the details. Hours before Trump arrived, they chanted "C-N-N sucks." Later, they rewarded the president with rounds of "build the wall" and "lock her up" when he mentioned his push for a border barrier and his 2016 opponent, Hillary Clinton, respectively.

The only addition to the standard stump speech he's delivered across the country in recent weeks was the number 4.1 percent. That's the Commerce Department's tabulation of second-quarter GDP growth for the country, a four-year high. The number was rolled into Trump's standard rhetoric about the economy under his watch, including a robust stock market and low unemployment.

Those lines will become familiar to Americans over the course of the next few months, as Trump has promised to campaign for GOP candidates six or seven days a week between Labor Day and the midterm elections in November.

His next stop is Thursday in Wilkes-Barre, Pennsylvania — a state that, like Florida, he won narrowly in 2016.

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8.3 - PolitiFact: [Fact-checking Donald Trump's rally in Tampa with Ron DeSantis](#) (31 July, Katie Akin, John Kruzel, and Amy Sherman, 3.2M uvm; Saint Petersburg, FL)

At a campaign-style rally in Tampa, President Donald Trump threw his support behind Republican Congressman Ron DeSantis' bid to take the Florida governor's mansion.

DeSantis faces Agriculture Commissioner Adam Putnam in the Aug. 28 Republican primary. Multiple Democrats are also competing in a primary to succeed term-limited Republican Gov. Rick Scott, who is challenging Florida's only statewide elected Democrat, U.S. Sen. Bill Nelson.

Trump offered kind words for DeSantis and Scott, while he knocked Nelson for supporting the Affordable Care Act and for, in Trump's view, putting "criminal aliens over American citizens."

During the rally, Trump made several statements — many misleading or flat-out wrong — about Republican tax cuts, his popularity, progress on the U.S. border wall with Mexico, and trade. Here's our rundown (with a bit about what he got right at the end).

"They just came out with a poll, did you hear? The most popular person (in) the history of the Republican party is Trump! ... So I said, does that include Honest Abe Lincoln?"

To his credit, Trump is very popular among Republicans: His approval rating within his own party has ranged from 84 percent to 90 percent since mid April 2018. The latest Gallup data shows Trump currently enjoys an 87 percent approval rating from Republicans.

However, his claim is misleading on two grounds.

First, scientific opinion polls were first designed and deployed in 1935. That's 70 years after Honest Abe's assassination, so Trump's name-check of Lincoln is spurious.

Second, as we noted in a previous fact-check, Trump's approval rating at this point in his presidency ranks roughly in the middle of the post-World War II Republican presidents. Using alternative measurements — including his highest rating during his entire tenure — his support among Republicans was actually worse than every post-war Republican president except for Gerald Ford.

"In some states, Democrats are even trying to give illegal immigrants the right to vote."

Giving undocumented immigrants the right to vote has been limited to some municipal elections. The right does not extend to federal office, by law.

Currently no states allow non-citizens to vote in state elections. There are a handful of localities that allow it for local elections or even more specifically school board elections, including San Francisco, Chicago (school board), and a handful of Maryland cities, said University of Kentucky law professor Joshua A. Douglas.

A few cities in Massachusetts have passed or are debating local laws to allow non-citizens to vote in local or school board elections. But Massachusetts law requires the state Legislature to approve these local expansions of the right to vote.

Starting in the 2018 November elections, non-citizens in San Francisco will be allowed to vote for board of education members. Takoma Park, Md., in 1992 adopted a measure permitting non-citizens to vote in city elections. Some other Maryland cities including College Park also allow non-citizens to vote in city elections. But non-citizens in those cities cannot vote in other elections.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 states it's unlawful for noncitizens to vote for candidates seeking federal offices, such as the presidency or a seat in

Congress. But it's not illegal for noncitizens to vote for local offices if it's allowed by a state constitution, statute or local ordinance.

"By the way, outside, if you want to go, we set up for the first time a tremendous movie screen, because we have thousands and thousands of people outside that couldn't get in."

Trump's claim is not true, per a reporter stationed outside the venue.

According to the Tampa Bay Times, "There were no massive TV screens and no JumboTrons outside of the Trump rally in Tampa on Tuesday, like President Donald Trump said there was."

The president's claim that there were "thousands and thousands of people outside that couldn't get in" also appears to exaggerate things. The Times placed the figure in the hundreds. It also noted the presence of some "150 protesters and counter protesters."

"We've taken the toughest ever actions in response to China's abusive trade practices. ... This has been too many years of abuse. \$500 billion a year, \$500 billion."

Trump overstated the United States' trade deficit with China — by no small sum.

A country's trade balance is the difference between the value of its imports and exports. When imports outstrip exports, a trade deficit results.

In 2017, the value of Chinese goods imported to the United States exceeded American goods exports to China by roughly \$375 billion. Over that same period, the United States actually ran a \$38.5 billion surplus on services trade with China.

Overall, in terms of both goods and services, the United States trade deficit with China in 2017 was around \$336 billion. So Trump is off by roughly \$164 billion.

"We've already started the wall. We've got \$1.6 billion and we've started large portions of the wall."

It is misleading to state that the work has already started on the type of wall he promised during the campaign.

Trump has secured \$1.57 billion for barriers along the southwest border — advancing his promise to secure the border but falling significantly short of his desired \$25 billion for a promised border wall.

The \$1.6 billion authorized by Congress allows for the replacement of the old fencing, but not for the construction of any sort of concrete wall prototype as Trump requested.

The projects underway include arrays of steel posts, between 18 and 30 feet high, that allow border patrol agents to see through. The planning for at least some of these projects, which will replace shorter scrap metal fencing, started long before Trump ran for office. Congress agreed to pay for them under Trump's administration.

"Every day, the brave men and women of ICE are liberating communities and towns from savage gangs, like MS-13, that are occupying our country like another nation would."

Trump's far-reaching assertion lacks evidence.

The use of "liberating" suggests that communities had been under the rule or full control of the MS-13 gang. But neither the White House or ICE have named such towns. Experts on sociology and gang research have told PolitiFact they were unaware of U.S. towns that have been wholly controlled by the gang. They said Trump's wording sounded like politically charged hyperbole.

MS-13 targets immigrant communities and has a large presence in New York, Virginia, and the Washington, D.C., metropolitan area. ICE investigators have arrested hundreds of MS-13 gang members.

Trump said that prior to a June 2017 law, "if somebody treated our veterans badly ... we couldn't do anything about it. ... Now you can say you're fired."

Trump's claim greatly exaggerates the impact of the Veterans Affairs Accountability and Whistleblower Protection Act, a bipartisan bill he signed into law in June 2017.

The measure is designed to make it easier to fire underperforming workers at the Department of Veterans Affairs. It created new protections to shield whistleblowers from retaliation, and quickens the process for removing problem employees.

But the notion that it was impossible to fire VA workers prior to the legislation is simply wrong.

An analysis of federal government employment data by our friends at FactCheck.org found a 27 percent increase in the number of firings after the law's passage. However, that analysis also showed that the VA fired an average of 2,300 employees annually prior to Trump taking office.

"We passed the biggest tax cuts and reform in American history. Biggest cuts in history."

There's no question that the tax bill Trump signed is a significant piece of legislation. But even by estimates most favorable to the president, we found the Trump tax cut is exceeded in size by other historical examples.

In inflation-adjusted dollars, the recent tax bill is the fourth-largest since 1940. And as a percentage of GDP, it ranks seventh.

Some of Trump's talking points were accurate:

Gross domestic product grew by 4.1 percent last quarter.

Roughly 3.7 million jobs have been added since Trump's election in November 2016.

Hispanic unemployment rates are at an historic low.

African-American and Asian unemployment rates reached their lowest levels in May 2018, though both rates have gone back up slightly since then.

The United States is a net exporter of natural gas for the first time in 50 years.

More than 100 utilities cut their rates after the tax bill passed.

The United States is in the longest positive job growth streak in history. (The streak that started under President Barack Obama's watch.)

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8.4 - Patch.com (Hillsborough): [Somerset Doctor Gets 20 Months For Defrauding Veterans Affairs](#) (31 July, Alexis Tarrazi, 1.2M uvd; New York, NY)

SOMERSET, NJ — A cardiologist from Somerset was sentenced Tuesday to 20 months in prison for defrauding the Veterans Affairs program more than 350 times by billing for services he never performed, U.S. Attorney Craig Carpenito announced.

Apostolos Voudouris, 44, previously pleaded guilty in August 2017 before U.S. District Judge William H. Walls in Newark federal court to an information charging him with health care fraud.

Voudouris also entered into a civil settlement agreement with the government, under which he will pay \$476,460 to resolve the government's claims under the False Claims Act.

Voudouris, a physician specializing in cardiology and electrophysiology, began providing services to eligible veterans at the Veterans Affairs Medical Center in East Orange, pursuant to his contract with the Department of Veterans Affairs (VA) in 2006.

On more than 350 occasions between 2011 and 2015, Voudouris claimed he performed procedures he had not actually performed. By doing so, Voudouris fraudulently received \$238,230 from the VA, he admitted.

In addition to the prison term, Walls sentenced Voudouris to two years of supervised release and fined him \$7,500. As part of his plea agreement, Voudouris must pay restitution of \$238,230 to the VA in addition to the \$476,460 civil settlement, for a total of \$714,690.

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8.5 - The American Conservative: [Veterans Hit a Breaking Point With Trump](#) (31 July, Mark Perry, Washington, DC)

There are hundreds of local, state, and national organizations representing veterans, but there are only four that really matter: the American Legion, Disabled American Veterans, the Veterans of Foreign Wars (VFW), and the newest, the Iraq and Afghanistan Veterans of America (IAVA). These organizations are the 400-pound gorillas of the veterans movement: they have the numbers, power, and money, and they know how to throw their weight around. So it is that candidates scramble for the veterans' vote by targeting this quartet, meeting with their local chapters, state conferences, and national conventions—like the VFW's recent confab in Kansas City where last Tuesday Donald Trump appeared to what he thought would be a raucous welcome.

It wasn't.

While the cameras focused on a crowd that seemed composed of over-the-top Trumpinistas, a number of those attending the speech say there was a more tepid response to his message

than the cameras captured—and a much more uneven reception to his patented call-out of the assembled media. Trump's press attack came in the midst of a defense of his trade policies, which had recently been blamed for costing jobs and dampening farm profits. Trump is nothing if not a counter-puncher, so halfway into his speech he turned to the subject of international trade.

"Oh, folks," he intoned, "stick with us, stick with us," and then pointed to the back of the room and the members of the media. "And don't believe the crap that these people, the fake news..." and he left it at that. There were boos in the room, and some in attendance turned to the cameras. This was red meat for Trump: "I mean, I saw a piece on NBC today. NBC—not just CNN," he said, continuing: "CNN is the worst...but I saw a piece on NBC—it was heart-throbbing. They were interviewing people—they probably go through 20, and then they pick the one that sounds like the worst. But they went through a group of people. In fact, I wanted to say, 'I got to do something about this Trump,'" the president joked. The crowd laughed and the boos persisted.

It was a moment the VFW would like to forget, for even as Trump moved on, worries about the incident were rippling through the VFW's leadership. "It wasn't courteous and it's not the way our organization treats our guests," Joe Davis, the VFW's director of public affairs, said in a telephone interview. Davis also soft-pedaled the crisis that it caused in the VFW leadership, explaining that this wasn't the first time that a presidential appearance had generated controversy. But there is, of course, another side to the story. "The fact is that not everyone in the room booed," a veteran who watched the Trump speech told me. "There were people there who just sat on their hands. That's the truth. You should print that."

Davis didn't disagree, but he steered clear of the topic: "It was an unfortunate incident," he said, "but I wouldn't want to guess who booed and who didn't. I'll just repeat: the media were there as our guests and it's our job to be good hosts." Davis then pointed out that VFW spokeswoman Randi Law had issued an apology on behalf of the organization almost immediately after Trump finished his remarks. "We were disappointed to hear some of our members boo the press," Law said. "We rely on the media to help spread the VFW message, and CNN, NBC, ABC, FOX, CBS, and others on site today were our invited guests. We were happy to have them there."

In fact, as any number of veterans' advocates point out, the VFW leadership was particularly sensitive to the boos because they know it was the press that made the treatment of veterans an issue in the 2016 campaign, which Trump used to fuel his populist message. In February 2007, The Washington Post published an exposé by Dana Priest and Anne Hull of the shoddy treatment of combat veterans at Walter Reed Army Medical Center. When I mentioned the Priest-Hull story to Davis, he leapt on it: "And that's not the only one like that," he said. "Don't forget the Arizona Republic's series on the wait times at the VA Medical Center in Phoenix"—a front-page scandal that roiled the Obama administration, spurred calls for widespread reforms of the Veterans Administration, and cost VA Secretary Eric Shinseki his job.

Which is why the booing in Kansas City was a hot topic in Washington and the subject of a high-profile Martha Raddatz piece in The Washington Post on the day following Trump's Kansas City appearance. Raddatz, a highly respected defense reporter, called out the VFW. "Have those veterans who booed and taunted the media in response to Trump's cue forgotten that some members of the press corps are combat veterans?" she asked. "Have they forgotten that there are members of the press who continue to cover the military after suffering life-altering injuries while at the side of our courageous service members? Have they forgotten that since the wars in Afghanistan and Iraq began, hundreds of journalists have given their lives for their work, many times while reporting from U.S. war zones?"

Meanwhile, at least part of the reason that a large number of VFW members decided not to boo the press in Kansas City is because they know that during the Iraq war Donald Trump was nowhere to be seen. Then, too, many VFW members—"I would say about half of them," Joe Davis told me—are veterans of the Vietnam conflict in which Trump did not serve. More bluntly, while many in the audience in Kansas City had been slogging through Vietnam's jungles, Donald Trump was sitting at home with bone spurs.

In one sense it's not a surprise that some VFW members would support baiting the media. After all, two out of every three veteran votes in the 2016 election went to Trump. The VFW also has a reputation for being the nation's most conservative veterans' organization. Back in 2016, the VFW pointedly took on Trump nemesis Barack Obama who, in a speech in Elkhart, Indiana, suggested that conservatives were seeding conspiracy theories and political falsehoods "on cable news stations, on right-wing radio," as he phrased it. "It's pumped into cars and bars and VFW halls all across America, and right here in Elkhart." The VFW responded with an angry statement. "I don't know how many VFW Posts the president has ever visited," the organization's national commander said, "but our near 1.7 million members are a direct reflection of America, which means we represent every generation, race, religion, gender, and political and ideological viewpoint."

But what was true for 2016 is true still: veterans don't like being lectured to by Trump or anyone else—and particularly when it comes to the VA's medical services, what Vietnam combat medic Wayne Smith calls "the third rail of veterans' politics." "There's real worry among veterans' groups that Trump wants to privatize the VA," he says. "That would be betrayal number one. It's the one issue that could bring the veterans' community together, that would unite it."

Smith, a life-long veterans' advocate, is a member of the board of directors of Iraq and Afghanistan Veterans of America (IAVA), which is non-partisan but leans more progressive. Smith noted that even after the VFW shifted the venue of the president's speech from the convention center to a smaller auditorium, the president was still greeted by plenty of empty seats. "I think that veterans are starting to see who this man really is," he told me by telephone, "and they're beginning to worry. For a lot of veterans, this is about the oath we took—to preserve, protect, and defend the constitution. We've reached a limit. A lot of veterans take the president's rhetoric at face value, but a lot less so now than before. And not on Russia, not on the VA—and not on the press."

There is little question that Trump views his VFW appearance as a triumph, confirming that his support among America's veterans is solid. But that is clearly not the case: for all those who booed the press at Trump's urging, there were others who decided to be elsewhere, or to remain silent. When future political historians determine when Trump's base "reached its limit," they are likely to cite last Tuesday as that moment. In which case, history will confirm what is now becoming obvious: Kansas City wasn't a triumph, it was a mistake.

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Veterans Affairs Media Summary and News Clips

1 August 2018

1. Top Stories

1.1 - FOX News (Video): [New VA chief will reportedly reassign Trump loyalists](#) (31 July, 32.5M uvm; New York, NY)

This three-minute video asks, "Should advocates for reforming the agency concerned by Robert Wilkie's agenda?"

[Hyperlink to Above](#)

1.2 - U.S. News & World Report: [Collaborating to Care for Veterans](#) (31 July, Donna Bryson, 23.9M uvm; Washington, DC)

If A University of Colorado student studying dentistry is wary of a service dog encountered while working at the campus clinic for military veterans, instructor and hygienist Heidi Tyrrell can fill her in on research at the nursing school that has shed light on how animals help people in distress.

[Hyperlink to Above](#)

1.3 - Military.com: [New VA Secretary Wilkie Gives Pep Talk to Much-Criticized Workforce](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

New Department of Veterans Affairs Secretary Robert Wilkie used his first day on the job Tuesday to remind the much-criticized workforce of more than 360,000 of their "noble calling" and pledged to work with them rather than over them in improving services to nine million veterans annually.

[Hyperlink to Above](#)

1.4 - Military.com: [Lawmakers Ask Pentagon to Reverse New GI Bill Transfer Restrictions](#) (31 July, Amy Bushatz, 9M uvm; San Francisco, CA)

More than 80 House lawmakers want the Pentagon to reconsider a new policy that blocks troops with 16 or more years of service from transferring their post-9/11 GI Bill. Currently, troops with at least six years of service can transfer their post-9/11 GI Bill to a dependent as long as they agree to serve an additional four years. There is no cap on time in service for those who want to transfer.

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1.5 - Military.com: [New VA Secretary Faces 400,000-Case Appeals Backlog, IT Delay](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

Among the many challenges facing new Department of Veterans Affairs Secretary Robert Wilkie is the long-standing backlog in disability claims appeals, which currently totals more than 400,000 cases. As acting secretary at the VA in May, Wilkie said, "VA is committed to transforming the appeals process" through the Rapid Appeals Modernization Plan (RAMP).

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1.6 - WRC (NBC-4): [Washington DC VA Medical Center Performance Deteriorating: Memo](#) (31 July, Scott MacFarlane, 4.8M uvm; Washington, DC)

The performance of the troubled Washington DC VA Medical Center has further “deteriorated” in recent weeks, drawing additional scrutiny from agency leaders, according to a July 17 memo obtained by the News4 I-Team. The VA memo said agency leaders have the “greatest concern” about mishaps, employee dissatisfaction and mental health programs at the medical center.

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1.7 - KMGH (ABC-7, Video): Long-awaited VA hospital finally opens in Aurora: 600 patient appointments scheduled for first day (31 July, Nicole Brady, 2.1M uvm; Denver, CO)

Nine years since ground was broken on the Rocky Mountain Regional VA Medical Center, the hospital in Aurora finally welcomed its first patients Tuesday morning. There are 600 appointments scheduled for opening day. Bob Kipp was among the first.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - Tampa Bay Business Journal: Tampa VA hospital to expand with more clinics, projects (31 July, Veronica Brezina-Smith, 2.7M uvm; Tampa, FL)

James A. Haley Veterans' Hospital executives and officials turned dirt for the latest project at the hospital's main campus, but they soon may be grabbing the silver shovels once again as the hospital has more projects in the works.

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3.2 - Bay News 9: Huge Tampa VA hospital expansion welcomed by vets (31 July, Fallon Silcox, 1.5M uvm; Saint Petersburg, FL)

A major project is underway at the VA Hospital in Tampa. The huge project, totaling about \$149 million, is set to add about 250,000 square feet of additional space to the James A. Haley Veterans' Hospital adjacent to the University of South Florida campus. A groundbreaking took place Tuesday morning.

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3.3 - Nextgov: VA is Rethinking Its Entire Online Presence (31 July, Jack Corrigan, 193k uvm; Washington, DC)

The Veterans Affairs Department is looking for a team of developers to consolidate its far-flung agency websites into a single, user-friendly online portal. The vendor would lead a complete redesign of the agency's primary website, VA.gov, which would include building a new content management system within the VA Enterprise Cloud and migrating content from existing sites to the new platform, according to the request for information.

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3.4 - The Chronicle-Telegram: Lorain Council votes unanimously to approve rezoning to lure VA back (31 July, Katie Nix, 55k uvm; Elyria, OH)

City Council voted unanimously to approve the rezoning for six parcels of land Monday night to make way for a new Department of Veterans Affairs Community-Based Outpatient Clinic. At the last meeting before the body takes its annual recess during August, the nine members in attendance voted to rezone the properties sitting along West Erie Avenue near the intersection with Kolbe Road from residential to business, allowing for the construction of a medical building.

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3.5 - The Morning Journal: [Lorain Council votes to rezone potential VA clinic location](#) (31 July, Kevin Martin, 33k uvm; Lorain, OH)

Lorain is one step closer to welcoming back a U.S. Department of Veteran's Affairs Clinic that left the city in 2016. In a special call of Council on July 30, Lorain City Council voted unanimously to rezone parcels from R-1 residential to B-1A Office Business District totaling 9.7 acres at 3120 Kolbe Road that could be the home of a new permanent VA clinic location.

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4. [Focus Resources More Efficiently](#)

4.1 - The Oklahoman: [Oklahoma City VA yoga participants look to help others](#) (31 July, Meg Wingerter, 3.8M uvm; Oklahoma City, OK)

Clarence Adams credits yoga classes through the Oklahoma City VA Medical Center for not only easing the pain of an old injury, but also helping him to break financial and health habits that were holding him back. Now, he hopes to use what he's learned to help others.

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4.2 - Knoxville News Sentinel (Video): [Ex-VA employee convicted of defrauding Knoxville disabled vet of \\$680K](#) (31 July, Yihyun Jeong, 2.1M uvm; Knoxville, TN)

Kenneth Richard Devore used his position with the U.S. Department of Veterans Affairs to meet and gain the trust of a disabled Knoxville veteran. With that trust, Devore convinced the veteran he needed a will, and proceeded to help the veteran write that document. He named himself the sole beneficiary.

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4.3 - Government Executive: [Former Fed Convicted of Defrauding Disabled Vet, Then Lying to Get Background Check Job](#) (31 July, Eric Katz, 870k uvm; Washington, DC)

The Justice Department has successfully won a guilty conviction against a former federal employee who illegally schemed against the government during stints at two different agencies. Kenneth Richard Devore was convicted in a U.S. District Court in Tennessee of wire fraud, mail fraud, financial conflict of interest, theft of public money, and making false statements in connection to jobs he held at the Veterans Affairs Department and Office of Personnel Management.

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4.4 - KOLR (CBS-27, Missourinet): [Hartzler Proposes Enhancements to VA Doctor Recruitment](#) (31 July, Alisa Nelson, 274k uvm; Springfield, MO)

A U.S. House committee is considering whether to let VA hospitals recruit and hire future doctors up to two years prior to completion of required training. Congresswoman Vicky Hartzler, R-Missouri, is proposing the bill that she says would include a competitive hiring timeline. Hartzler tells Missourinet doctor offices and hospitals recruit future doctors while they are completing their residency.

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4.5 - The Berkshire Eagle: Letter: VA healthcare problems are well-documented (31 July, Bruce Deloye, 191k uvm; Pittsfield, MA)

I write in response to a July 23 letter from a fellow veteran, Robert Haywood of Lee, about my experience with the dental clinic at the Central Western Massachusetts HealthCare System in Northampton. I am saddened by Mr. Haywood's letter because he is trying to dispel what is common knowledge to most people, that the VA healthcare system is in serious trouble.

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4.6 - Highland County Press: A new direction at the VA (31 July, Sen. Mike Rounds (R-S.D.), 31k uvm; Hillsboro, OH)

We are fortunate to live in the United States, where our men and women in uniform sacrifice so much to defend our liberty. We owe our service members and veterans a debt of gratitude that we can never fully repay.

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5. Improve Timeliness of Service

5.1 - KNSD (NBC-7, Video): VA Supports Study Testing Efficacy of CBD's Use in PTSD Treatment (1 August, Bridget Naso, 2.1M uvm; San Diego, CA)

Marine veteran Kayla Carnivale says she's been looking for peace since she left the military with Post Traumatic Stress Disorder. And she's found a natural way to get it. She began using marijuana and Cannabidiol two years ago to help treat her PTSD and a traumatic brain injury instead of pills prescribed by the VA.

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5.2 - WGNS (CMN-1450, Audio): Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own (31 July, Scott Walker, 47k uvm; Murfreesboro, TN)

Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up. The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different.

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5.3 - Salem News: Congressman Smith Capitol Report: Fighting for warfighters (31 July, Jason Smith, 17k uvm; Salem, MO)

Our grateful nation owes a massive debt of gratitude to the veterans who have fought to protect our country and its freedoms. As I accompanied President Trump this week on Air Force One for his fourth trip to Missouri since becoming president, I saw how devoted he is to fight on their behalf so every veteran receives the best possible treatment upon returning home.

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6. Suicide Prevention

6.1 - The Huffington Post: The Government's Solution To The Opioid Crisis Feels Like A War To Pain Patients (31 July, Art Levine, 22.9M uvm; New York, NY)

Jay Lawrence, an energetic truck driver in his late 30s, was driving a semitrailer across a bridge when the brakes failed. To avoid plowing into the car in front of him, he swerved sideways and slammed the truck into a wall, fracturing his back. For more than 25 years, he struggled with the resulting pain. But for most of that time, he managed to avoid opioid painkillers.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Miami Herald: Miami's homeless veterans need legal assistance. You can help them get it. (31 July, Brittney Horton, 8.9M uvm; Miami, FL)

The U.S. Department of Veterans Affairs (VA) recently released the results of a survey of homeless veterans, including those here in South Florida, asking what types of services and support they need to get back on track. Some answers were predictable, such as housing or mental health treatment. But their most common request might surprise you: civil legal aid.

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7.2 - The Fayetteville Observer: Sandhills State Veterans Cemetery to receive nearly \$6M VA grant (31 July, Drew Brooks, 439k uvm; Fayetteville, NC)

North Carolina has received nearly \$9 million in grants to help make improvements at two veterans cemeteries. The Sandhills State Veterans Cemetery in Spring Lake and the Western Carolina State Veterans Cemetery in Black Mountain will benefit from the grants, according to officials with the N.C. Department of Military and Veterans Affairs.

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7.3 - The Daily Journal: Addressing homelessness (31 July, Jonathan Madison, 160k uvm; San Mateo, CA)

My first legislative assignment on Capitol Hill came within months after I was hired to the House Financial Services Committee's Subcommittee on Housing and Insurance. The subcommittee was tasked with drafting a bill that would effectively reduce the homeless population among at-risk youth: H.R. 32 — The Homeless Children and Youth Act.

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7.4 - Temple Daily Telegram: Job fair focuses on veterans (27 July, Janice Gibbs, 157k uvm; Temple, TX)

Plenty of veterans showed up for a job fair Friday at the Olin E. Teague Veterans' Medical Center. Held quarterly, the job fairs, sponsored by the Therapeutic and Supported Employment Services, have been steadily growing. Robert Lopez, vocational rehabilitation specialist, said about 40 vendors attended. Veterans and their immediate family members were invited.

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7.5 - Chillicothe Gazette: Fresh off WrestleMania appearance, microwrestler Eric Smalls wows veterans at local show (31 July, David Wysong, 154k uvm; Chillicothe, OH)

Veterans at the Chillicothe VA Medical Center were given a large show by a micro-performer over the weekend. A group of eight professional wrestlers performed for the veterans Saturday afternoon, with Eric Smalls — who was in the WWE's WrestleMania 34 and stands at four-feet-six-inches-tall — being one of the headliners.

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7.6 - KPAC (NPR-90.1, Audio): Their Last Fight: Filipino Veterans Make A Final Push For Recognition (1 August, Dorian Merina, 77k uvm; San Antonio, TX)

During World War II, more than a quarter million Filipinos fought alongside American soldiers. Many are still awaiting the recognition promised to them. Maximo Purisima Young was just 19 years old when he heard President Franklin D. Roosevelt call upon Filipinos to join American forces fighting in the Southeast Asian islands during World War II.

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7.7 - KBSU (NPR-90.3, Audio): Finding A Solution For Idaho's Homeless Veterans (31 July, Samantha Wright, 70k uvm; Boise, ID)

Many of our veterans come home from active military service to find a lack of resources to help them get settled back into civilian life. As rental prices soar, many veterans are on the verge of homelessness. We take a look at a new initiative that the City of Boise is putting together to find permanent housing for vets.

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7.8 - The Reporter: Donation from Vacaville firefighters benefits Sacramento Valley National Cemetery Honor Guard (31 July, Kimberly K. Fu, 67k uvm; Vacaville, CA)

Suited up in full uniform Tuesday, the Sacramento Valley National Cemetery Honor Guard gratefully cemented a partnership with members of another local outfit dedicated to service — Vacaville Firefighters Association Local 3501.

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7.9 - Muskogee Phoenix: VA provides free care for Military Sexual Trauma (1 August, Patricia Byrd, 63k uvm; Muskogee, OK)

Department of Veterans Affairs (VA) data reveals that about 1 in 4 women and 1 in 100 men veterans experienced Military Sexual Trauma, or MST, during their military service. This includes only veterans enrolled for VA health care.

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7.10 - Finger Lakes Times: Canandaigua VA hosts retreat (31 July, 53k uvm; Geneva, NY)

The Department of Veterans Affairs Medical Center, 400 Fort Hill Ave., recently hosted a women veterans retreat at the Equicenter. Attended by 10 women, the event focused on self-care and strengthening the community of women veterans. Activities included journaling, mindfulness activities, Reiki meditations and horsemanship.

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8. Other

8.1 - The Daily Caller (Video): [The Bible Trump's New Va Secretary Chose To Be Sworn In On Tells You Everything You Need To Know](#) (31 July, Benny Johnson, 12M uvm; Washington, DC)

President Trump swore Robert Wilkie in as Veterans Affairs secretary Monday at the White House. Fixing the broken VA health system is a campaign promise Trump made in 2016 during the election. Trump has signed legislation allowing greater flexibility for veterans seeking health. During the swearing-in ceremony, Trump said of Wilkie...

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8.2 - NBC News: [Trump silent on Mueller at Tampa rally](#) (1 August, Jonathan Allen, 9.6M uvm; New York, NY)

In some cases, his condemnations were false. For example, he accused Democrats of opposing legislation he signed that makes it easier for officials at the Department of Veterans Affairs to be fired. "If somebody treated our veterans badly ... you couldn't say 'You're fired,' he said. "Now you can say you're fired."

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8.3 - PolitiFact: [Fact-checking Donald Trump's rally in Tampa with Ron DeSantis](#) (31 July, Katie Akin, John Kruzel, and Amy Sherman, 3.2M uvm; Saint Petersburg, FL)

At a campaign-style rally in Tampa, President Donald Trump threw his support behind Republican Congressman Ron DeSantis' bid to take the Florida governor's mansion. DeSantis faces Agriculture Commissioner Adam Putnam in the Aug. 28 Republican primary.

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8.4 - Patch.com (Hillsborough): [Somerset Doctor Gets 20 Months For Defrauding Veterans Affairs](#) (31 July, Alexis Tarrazi, 1.2M uvd; New York, NY)

A cardiologist from Somerset was sentenced Tuesday to 20 months in prison for defrauding the Veterans Affairs program more than 350 times by billing for services he never performed, U.S. Attorney Craig Carpenito announced. Apostolos Voudouris, 44, previously pleaded guilty in August 2017 before U.S. District Judge William H. Walls in Newark federal court to an information charging him with health care fraud.

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8.5 - The American Conservative: [Veterans Hit a Breaking Point With Trump](#) (31 July, Mark Perry, Washington, DC)

There are hundreds of local, state, and national organizations representing veterans, but there are only four that really matter: the American Legion, Disabled American Veterans, the Veterans

of Foreign Wars (VFW), and the newest, the Iraq and Afghanistan Veterans of America (IAVA). These organizations are the 400-pound gorillas of the veterans movement: they have the numbers, power, and money, and they know how to throw their weight around.

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1. Top Stories

1.1 - FOX News (Video): [New VA chief will reportedly reassign Trump loyalists](#) (31 July, 32.5M uvm; New York, NY)

This three-minute video asks, "Should advocates for reforming the agency concerned by Robert Wilkie's agenda?"

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1.2 - U.S. News & World Report: [Collaborating to Care for Veterans](#) (31 July, Donna Bryson, 23.9M uvm; Washington, DC)

AURORA, COLO. — IF A University of Colorado student studying dentistry is wary of a service dog encountered while working at the campus clinic for military veterans, instructor and hygienist Heidi Tyrrell can fill her in on research at the nursing school that has shed light on how animals help people in distress.

Or maybe a vet getting a free dental checkup at the CU Heroes Clinic shows signs of a traumatic brain injury. Tyrrell, the clinic's assistant director, can point across the University of Colorado Anschutz Medical Campus here to a new program run by a neurologist who once treated wounded warriors at Walter Reed National Military Medical Center, just outside the nation's capital.

Or perhaps a patient settled into a chair mentions she's having trouble sleeping. Tyrrell might tell her about a mental health clinic for veterans and their families that CU Anschutz recently helped open.

To serve vets well, a "sense of collaboration is critical," says Tyrrell, whose father earned a Purple Heart in Korea.

That collaboration is a hallmark of CU Anschutz's numerous medical and academic offerings geared toward caring for veterans. The Heroes Clinic, where bouquets of American flags pop against an otherwise neutral color scheme, serves veterans who are students at Anschutz and the three other University of Colorado campuses, as well as at other schools in the Denver area.

Many student veterans don't get coverage for dental care, making the clinic "the resource that people are most excited about when they hear about it," says Evan Lubinski, an Army veteran, CU biology student and grateful clinic patient.

Heroes also serves non-students, like a patient who once insisted on taking Tyrrell on a tour of Building 500, a World War II-era art deco building that was the heart of the now-closed Fitzsimons Army Medical Center and today serves as the CU Anschutz administration center. Tyrrell says Building 500 staff glanced at her companion's cap identifying him as a World War II vet and hurried to open doors.

CU Anschutz's focus on veterans honors a legacy, says Chancellor Don Elliman. His campus is dotted with memorials to soldiers like 1st Lt. Sharon Ann Lane, who served at Fitzsimons before being sent to Vietnam. Lane, who died in a 1969 rocket attack on an evacuation hospital, was the only American military nurse to be killed by hostile fire in Vietnam.

Some 4,000 students – among them about 200 who are veterans, on active duty, or in a Reserve or National Guard branch – are training to be dentists, nurses, doctors and other health professionals at CU Anschutz. Those doing the training are often veterans themselves, committed to helping their students solve problems through passion, expertise, determination and innovation.

"Having (veterans) programs like this that allow us to attract talent is – absolutely – enlightened self-interest," Elliman says.

Cheryl Krause-Parello, whose Rutgers University dissertation was on pets mitigating loneliness among older adults, was inspired not by the Anschutz campus' past, but by personal history. As a New York City police officer, her Marine veteran husband responded to the 9/11 attacks.

He would come home from searching through the Twin Towers debris, find their dachshund Sam and "pet the stress away," Krause-Parello says.

Soon after Krause-Parello took a research and teaching position at CU Anschutz in Aurora, she raised an idea she'd been considering for years: researching how service animals can help struggling veterans.

Her College of Nursing dean said, "Go ahead, try it, see what you can do with it," Krause-Parello recalls.

The result was the Canines Providing Assistance to Wounded Warriors research project, which Krause-Parello established at the nursing school in 2013. This year, Krause-Parello is moving the project to Florida Atlantic University in Boca Raton.

The move, Krause-Parello says, is an opportunity "for me to grow" the project. It also means an idea realized at CU Anschutz will spread, and research partnerships between Florida and Colorado are likely.

Mona Pearl Treyball, a nurse and retired Air Force colonel, had worked with Krause-Parello on research before following her to CU Anschutz. Once on campus, Pearl Treyball developed a master's program in veteran and military health care.

Since 2015, the program has offered online classes on such topics as medical conditions associated with certain wars – think Agent Orange and Vietnam – post-traumatic stress disorder, military sexual trauma, and the intricacies of applying for federal benefits from the Department of Veterans Affairs.

"What they do at Anschutz that's so spectacular is the holistic approach," says Bill Bester, a nurse and retired Army brigadier general who is a senior adviser for a nursing and veterans program run by Jonas Philanthropies. The national nonprofit supports veterans by ensuring nurses who care for them get advanced training.

Nursing students from Hawaii to New York have pursued the veterans care master's degree at CU Anschutz. Jennifer Smith, a VA nurse in Minnesota, says Pearl Treyball gave her confidence to lead and "elevated my nursing practice."

The future is likely to include closer cooperation with the VA, which opened a new hospital on the edge of the CU Anschutz campus in July. Another of Pearl Treyball's students, Sonya

Barnes, is a former Army medic who works at the VA facility. As her master's project, Barnes wrote a curriculum to help her nursing colleagues inside and outside the VA understand military culture.

According to Veterans Affairs statistics, about half of veterans used at least one VA benefit or service – often health care – in fiscal year 2015. Though the subject of a funding battle, Congress this year also passed a measure, signed by President Donald Trump, that aims to expand the ability of veterans to receive private health care outside the problem-plagued VA health system.

The U.S. is home to about 20 million veterans, with about 400,000 in Colorado.

"The program at Anschutz is so important because it's educating people who will go out into communities all over the country," says Bester, who has no association with CU Anschutz. "We've got a significant national challenge. Even though the wars have slowed down ... the effects on those individuals (who fought) will go on for some of them for years to come."

Elliman says society as a whole in recent years has begun to pay more attention to the challenges faced by veterans, especially those of the post-9/11 era. That growing awareness has prompted crucial support: Nonprofit insurance company Delta Dental of Colorado, for example, has spent \$2 million since 2014 to make free care possible at the Heroes Clinic.

Such support requires careful planning to yield viability. Before the Marcus Institute for Brain Health opened at Anschutz last year, Elliman says his team spent a year developing a plan that would ensure financial sustainability, in part by relying on faculty and resources already in place.

"The worst thing you could do would be to start one of these programs and then have to shut it down," Elliman says.

A \$38 million gift from The Home Depot co-founder Bernie Marcus' foundation kicked off the center, which is led by neurologist James Kelly, who was the founding director of the National Intrepid Center of Excellence at Walter Reed in Maryland, after which the Marcus center is in some ways modeled. The center brings together conventional and alternative approaches, like yoga and horse therapy, to help those who have suffered traumatic brain injuries.

Psychologist Gillian Kaag, director of the new Anschutz-affiliated Steven A. Cohen Military Family Clinic, looks forward to Marcus experts briefing her team on PTSD, and reciprocating with workshops on depression.

Kaag came from the University of Denver to take the Cohen post, which opened soon after the death of her grandfather, a Navy veteran with whom she was close.

The move "was a way to honor his memory," she says.

Those who can't pay for services at Kaag's clinic still may receive care without charge at the off-campus outpatient facility, which treats only post-9/11 warriors and is operated by the Cohen Veterans Network, a nonprofit founded by East Coast investor Steven A. Cohen. The network was operating in multiple states, including New York, North Carolina, Pennsylvania and Texas, when it forged the Anschutz partnership and came in May to Colorado.

Kaag, who is also a CU Anschutz instructor, looks to a variety of organizations for transportation, child care, housing and other support for her patients. Case managers also connect vets who aren't eligible for treatment at the Cohen facility to clinics where they can get help. Vets may be steered to Cohen by Matt Wetenkamp, a Marine combat veteran who is Kaag's outreach manager. Wetencamp is open about seeking therapy himself in hopes of helping others see that stigma about mental illness should not be a barrier to getting help.

Everyone working for veterans can be partners, not rivals, says Katy Barrs, who oversees a veterans therapy project founded in 2016 at another institution: the University of Denver. Barrs' Sturm Center, where mental health services are provided by graduate psychology students focused on military care, has participated alongside Cohen in events aimed at spreading the word about support for veterans.

The Sturm Center serves veterans of all eras, and – like the Cohen clinic – members of veterans' families. "We really are working alongside Cohen to improve access to care," says Barrs, who is a clinical psychologist.

Collaboration, she says, is "clearly a value that many different veterans organizations have."

Corrected on July 31, 2018: The amount spent by Delta Dental of Colorado to support care at the CU Heroes Clinic has been updated.

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1.3 - Military.com: New VA Secretary Wilkie Gives Pep Talk to Much-Criticized Workforce

(31 July, Richard Sisk, 9M uvm; San Francisco, CA)

New Department of Veterans Affairs Secretary Robert Wilkie used his first day on the job Tuesday to remind the much-criticized workforce of more than 360,000 of their "noble calling" and pledged to work with them rather than over them in improving services to nine million veterans annually.

"I'm Robert Wilkie, and it is an overwhelming honor to serve alongside you," he said in a video message to staff nationwide.

He did not point fingers at the political infighting among top managers who preceded him, but said he would bring a new leadership style to facing challenges in expanding private health care options, speeding up the appeals claims process, putting in place new electronic records systems, and cutting wait times for appointments.

Wilkie said he is not a top-down, crack-the-whip-style manager. Repeating a theme he stressed at his Senate confirmation hearing, he said, "We must have a bottom-up organization. The energy must flow from you who are closest to those we are sworn to serve."

His first priority is customer service, Wilkie said, and that must start with all VA employees "not talking at each other but with each other across all office barriers and across all compartments."

"If we don't listen to each other, we won't be able to listen to our veterans and their families," he said, and "we won't be able to provide the world-class customer service they deserve."

The main message to the workforce on his first day, Wilkie said, was one of thanks, "whether you are at a health care facility, on the benefits team, serving at our cemeteries, or here as part of our staff at the headquarters."

"You may not hear enough, but I want you to hear it from me. Thank you for your tireless work and devotion to our veterans," he said.

Wilkie, 55, of North Carolina, came to the VA from the Pentagon, where he served as undersecretary for personnel and readiness.

He was sworn in Monday by Vice President Mike Pence as the fifth VA secretary in the last five years, succeeding Dr. David Shulkin, who was fired in March by President Donald Trump.

The Washington Post has reported that Wilkie is intent on weeding out Trump administration political appointees who allegedly were cracking down on staffers seen as "disloyal" to Trump, but a VA spokesman said Monday there are no personnel changes anticipated "at this time."

"I'm deeply grateful to President Trump for the opportunity to serve for him and for America's veterans," Wilkie said in his message.

The major veterans service organizations have been supportive of Wilkie, while remaining wary of private health care options being expanded too rapidly and possibly threatening the "privatization" of VA health care.

"We congratulate him on becoming secretary, and we look forward to him bringing stable leadership to the department and strong advocacy for America's veterans," Veterans of Foreign Wars National Commander B.J. Lawrence said in a statement.

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1.4 - Military.com: Lawmakers Ask Pentagon to Reverse New GI Bill Transfer Restrictions

(31 July, Amy Bushatz, 9M uvm; San Francisco, CA)

More than 80 House lawmakers want the Pentagon to reconsider a new policy that blocks troops with 16 or more years of service from transferring their post-9/11 GI Bill.

Currently, troops with at least six years of service can transfer their post-9/11 GI Bill to a dependent as long as they agree to serve an additional four years. There is no cap on time in service for those who want to transfer.

But a new policy, announced early this month, would block anyone with 16 or more years of service from beginning the transfer process starting next July. A separate change that starts immediately blocks those who cannot complete the required additional service, such as troops going through the medical retirement process, from starting the transfer process.

The letter, sent July 26 from a bipartisan group of representatives, says blocking those with 16 years or more from making the transfer breaks a commitment.

"On behalf of a grateful nation, it is our collective duty and responsibility to uphold the hard-earned benefits of our nation's active-duty service members and veterans, and to remain faithful

stewards of the GI Bill's educational assistance program," the letter states. "Revoking transferability benefits breaks this commitment with our most dedicated and seasoned service members."

Unlike many military benefits, which are required entitlements set forth in law, the ability to transfer the benefit was put in place by lawmakers as a retention tool the Pentagon can choose to use or discard completely. In a policy announcement explaining the changes, Pentagon officials said their goal is to bring the transfer option in line with that design.

"The secretary concerned may permit an individual ... who is entitled to educational assistance ... to elect to transfer," the law states. "The purpose of the authority ... is to promote recruitment and retention in the uniformed services."

But in their new letter, lawmakers instead call transferability an "education benefit."

"Educational benefits should be maintained after proving oneself through years of devoted and continuing military service -- not removed after the 16-year mark," the letter states. "Eliminating the ability to transfer Post-9/11 GI Bill benefits to family members after honorably completing 16 years of service sends exactly the wrong message to those who have chosen the military as their long-term career, and sets a dangerous precedent for the removal of other critical benefits as members approach military retirement."

The letter asks the Pentagon to reverse course.

"This change in policy is unacceptable, and we call upon you to swiftly reverse this decision," it states.

No legislation mandating that reversal or changing the law to make transferability an entitlement has been introduced. House lawmakers left Washington on July 26 for their annual August summer recess.

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1.5 - Military.com: New VA Secretary Faces 400,000-Case Appeals Backlog, IT Delay (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

Among the many challenges facing new Department of Veterans Affairs Secretary Robert Wilkie is the long-standing backlog in disability claims appeals, which currently totals more than 400,000 cases.

As acting secretary at the VA in May, Wilkie said, "VA is committed to transforming the appeals process" through the Rapid Appeals Modernization Plan (RAMP).

However, Congress was told last week that the technology improvements needed to make the new system work are behind schedule.

RAMP is a pilot program under the Veterans Appeals Improvement and Modernization Act signed by President Donald Trump last summer, which has a deadline for being in place of February 2019.

However, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said, "The VA has been fairly famous for not delivering on time."

At a committee hearing last week, VA officials testified that the original plan was to have about 75 percent of the information technology (IT) updates in place by August; instead, only about 35 percent of the improvements will be ready.

Despite the IT delay, Paul Lawrence, the VA's new undersecretary for benefits, said the agency is on track to meet the February deadline for reforming the extremely complex appeals process.

He said the IT systems should be ready to go, but should there be more delays, the Veterans Benefits Administration is prepared to implement the new process manually.

"We are very confident in our delivery schedule right now," said Lloyd Thrower, deputy chief information officer and benefits account manager for the VA's Office of Information and Technology. He said the 35 percent figure for August involves the "heavy-lift pieces" of the new system and the process should go more quickly in the fall.

"It will be challenging" for the VA to meet the February deadline, Elizabeth Curda, director of education, workforce and income security at the Government Accountability Office, told the committee. "As it stands now, I'm a little concerned about the lack of detail."

When asked by Rep. Amata Coleman Radewagen, the Republican delegate from American Samoa, to grade the progress on implementing RAMP, Lawrence said he would give the VA an "A-minus."

Curda said she would give it a "C."

Roe said, "Realistically, VA is running out of time to address these issues if the department hopes to implement the new system by February 2019. We all agree that the success of this reform is critical because the current appeals process is failing veterans miserably."

Noting the backlog of more than 400,000 appeals, he said, "Many veterans will end up waiting at least six years just for the decision on their appeal. Veterans and their families deserve better."

Under the RAMP program, veterans can choose to withdraw their existing claim and transfer to two new "lanes" for a quicker decision.

According to the VA, the "Supplemental Claim Lane" is for veterans with additional evidence to present on their initial claim. The "Higher Level Review Lane" is for veterans with no additional evidence to present, but who feel there was a mistake in the initial claims decision.

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1.6 - WRC (NBC-4): [Washington DC VA Medical Center Performance Deteriorating: Memo](#)
(31 July, Scott MacFarlane, 4.8M uvm; Washington, DC)

The performance of the troubled Washington DC VA Medical Center has further “deteriorated” in recent weeks, drawing additional scrutiny from agency leaders, according to a July 17 memo obtained by the News4 I-Team.

The VA memo said agency leaders have the “greatest concern” about mishaps, employee dissatisfaction and mental health programs at the medical center.

The memo said VA leaders also are concerned about “large deterioration” in the length of stays by patients who use the medical center.

The VA memo is the latest in a series of rebukes against the DC VA Medical Center.

In February, the agency publicly announced the medical center was among the lowest-performing VA facilities in the nation.

Weeks later, the VA Office of Inspector General released a scathing report detailing mismanagement, squandered taxpayer money and unsafe conditions inside the medical center. The inspector general also found shortages of supplies and unsanitary conditions in storage areas.

The July 17 memo said medical center leaders must attend “monthly executive briefings” with senior agency leadership. If improvements are not made, the memo said the medical center’s status will be further “escalated.”

VA provides internal scores for its medical centers. The memo indicates the DC VA Medical Center is at risk of falling to a lower score, the lowest of which would result in “receivership,” a takeover of the facility by agency administrators. The agency did not respond to questions from the I-Team about the formal score and the risk of receivership.

In a statement, the U.S. Department of Veterans Affairs said, “Earlier this week a team of experts from VA’s Strategic Analytics for Improvement and Learning Office were on-site at the DC VAMC.

“They worked with our clinical and administrative leaders to identify opportunities to improve our services in a range of areas, including access, mental health and employee satisfaction. We believe the DC VAMC is on track to improve its performance in the areas identified by the (team). We will continue to partner with regional and national VA leaders as we work to provide Veterans with the safest, highest-quality health care possible.”

The time period discussed in the agency memo includes the first six months of 2018, when the medical center was largely under the direction of former acting director Larry Connell. Connell was reassigned in April.

Internal agency records obtained by the News4 I-Team in 2017 showed a longstanding problem of delayed surgical procedures at the DC VA Medical Center. Some were delayed because of supply shortages, including a hip surgery and a urological procedure.

Recent News4 I-Team reports revealed a string of other problems and incidents, including the postponement of at least nine surgeries in November 2017 because of concerns about the safety of some surgical equipment.

A report by the I-Team also revealed the agency hired a contractor to fix potentially unsafe floor cracks in the facility's surgery department in March 2017. VA officials also ordered repairs of holes in the walls of the facility's "center core areas." The facility suffered a cockroach infestation and a lack of sanitary conditions in its food service areas in 2015, according to reporting by the I-Team in 2017.

The agency fired the medical center's former longtime director in 2017. The VA has since hired three interim directors to lead the facility. The most recent, Dr. Adam Robinson, was appointed for a four-month term, which is scheduled to end in mid-August.

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1.7 - KMGH (ABC-7, Video): [Long-awaited VA hospital finally opens in Aurora: 600 patient appointments scheduled for first day](#) (31 July, Nicole Brady, 2.1M uvm; Denver, CO)

Nine years since ground was broken on the Rocky Mountain Regional VA Medical Center, the hospital in Aurora finally welcomed its first patients Tuesday morning. There are 600 appointments scheduled for opening day. Bob Kipp was among the first.

"I'm glad there's people around to show me where to go, because I was lost," he said. Navigating the new 1.2 million square foot facility is no doubt overwhelming. Even the director admits the staff is still learning.

"I think with anything new, with any change there's always going to be that period of uncertainty confusion," said Sallie Houser-Hanfelder.

Other veterans say they wish the VA had provided more information on services and locations at the new facility. Doug Carney showed up Tuesday to get a new ID card. He said he had to call the Denver Rescue Mission to get pointed in the right direction.

"I've checked the right places, but all the info isn't out there yet. It's still a work in progress," he said.

Contact7 spoke to a veteran who said she has struggled to get information from the VA on the new hospital and her next appointment. The website tells veterans to refer to their letters for the location for their next appointment. But some of those letters still have the old Denver VA location. Few services are being handled at the old location after Tuesday. Mental Health and inpatient services will be the next to move from the Denver location to the new Aurora hospital.

A map of the new hospital and clinic locations can be found on the website. Red coat ambassadors are on staff to help veterans find their way around.

Those with questions can call 303-399-8020 and select option 2 for help.

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2. [Greater Choice for Veterans](#)

3. Modernize Our System

3.1 - Tampa Bay Business Journal: [Tampa VA hospital to expand with more clinics, projects](#) (31 July, Veronica Brezina-Smith, 2.7M uvm; Tampa, FL)

James A. Haley Veterans' Hospital executives and officials turned dirt for the latest project at the hospital's main campus, but they soon may be grabbing the silver shovels once again as the hospital has more projects in the works.

"We have a new clinic under construction in south Hillsborough County that's about an 80,000-square-foot clinic that will have primary care, mental health, diagnostics, lab and other ancillary services," Joe Battle, director of James A. Haley Veterans' Hospital and clinics, told the Tampa Bay Business Journal, stating the project would take place in the Big Bend Road area.

"It should be finished by the end of year so by April that clinic will be open. That clinic is made to serve up to 10,000 veterans," he said Tuesday, as he stepped away from the pile of ceremonial dirt that was turned to celebrate construction. The new tower will be a four-story building that will add 245,000 square feet of space and another 5,000 square feet of renovated space to the hospital. It will include 96 medical-surgical single patient rooms and 40 intensive care unit beds.

The \$148 million bed tower, dubbed Mission Modernize, will be completed in 2021.

"This is the first design-build the U.S. Army Corps of Engineers is managing with the VA administration. We're on the cutting edge. This is just the beginning," said Theodore Brown, regional business director for the U.S. Army Corps of Engineers' Southeast Atlantic Division.

The VA works in partnership with the U.S. Army Corps of Engineers, which is working to bring 15 new hospitals online, costing over \$18 billion, that will serve as examples for modern VA hospitals, Brown said.

Battle also told TBBJ about other clinics and projects coming online.

"We are also getting ready in the next two months or so to award a new outpatient clinic in New Port Richey. That will be a 150,000-square-foot clinic, that's the largest. It's almost a hospital without beds. We'll have just about everything and that's to serve 20,000 veterans," Battle said.

He added that the hospital plans to quadruple the size of its existing clinics in Brooksville and Zephyrhills and double the size of the Lakeland clinic, and all these expansions are currently in the procurement planning stages.

On the main campus, the hospital is under construction for its second Fisher House that will be finished at the end of the year.

"It's where people will get to stay while their loved ones stay in the hospital. Some people stay a year or 18 months, it's very common," Battle said.

The most common injuries the hospital sees include traumatic brain injury, active duty military injuries that usually come from training accidents, and from retired veterans in motorcycle accidents, Battle said.

"We run in the 90s [for occupancy rate] most of the time. On weekends probably in the 80s, but during the week, in the 90s," Battle said, explaining the demand for more services and to extend the hospital's footprint.

He also discussed new technologies the hospital has and will utilize. "This year, we recently opened up a new linear accelerator for cancer treatment, just started back in March our new CyberKnife; we're one of the few hospitals in the state to have a CyberKnife," he said.

The CyberKnife is a fully robotic radiation delivery system that delivers radiation treatments to specific areas in the body.

"We're getting ready in the next few days to buy our second da Vinci surgical system. We have one now and we are doing more of a workload with that one more than any other VA hospital in the country," Battle said.

Da Vinci robots cost roughly \$2 million and give the surgeon a better view and understanding when operating by using high-definition 3D cameras and allowing surgeons to remotely move the system's robotic arms.

[...]

The hospital broke ground for its \$148 million project, but there are several other projects it's working on.

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3.2 - Bay News 9: Huge Tampa VA hospital expansion welcomed by vets (31 July, Fallon Silcox, 1.5M uvm; Saint Petersburg, FL)

TAMPA, Fla. -- A major project is underway at the VA Hospital in Tampa.

- Groundbreaking on new VA Hospital expansion in Tampa
- James A. Haley Veterans' Hospital adding 250,000 square feet of space
- Project to add private rooms, new cafeteria, outdoor dining

The huge project, totaling about \$149 million, is set to add about 250,000 square feet of additional space to the James A. Haley Veterans' Hospital adjacent to the University of South Florida campus.

A groundbreaking took place Tuesday morning.

Construction will take about three years to fully complete the project and will add additional hospital bed space, a new cafeteria and an outdoor dining area.

The four-story addition also will include about 5,000 square feet of renovated space in the hospital.

Some veterans who use the facility said the addition of private rooms at the hospital will be the most beneficial and will ultimately mean they'll have to spend less time in the hospital.

"Right now, we have crowded quarters into the patients," said veteran Mary Ann Keckler. "What we see today with the two beds versus the single bed, we have very few private rooms here and it makes a major difference for those recuperating from an illness to be able to get themselves up out of bed and get themselves going."

The bed tower expansion is expected to be completed in 2021.

The new bed tower at the hospital is the first major construction project managed by the US Army Corp of Engineers for the VA under recently approved federal legislation.

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3.3 - Nextgov: [VA is Rethinking Its Entire Online Presence](#) (31 July, Jack Corrigan, 193k uvm; Washington, DC)

The Veterans Affairs Department is looking for a team of developers to consolidate its far-flung agency websites into a single, user-friendly online portal.

The vendor would lead a complete redesign of the agency's primary website, VA.gov, which would include building a new content management system within the VA Enterprise Cloud and migrating content from existing sites to the new platform, according to the request for information. The group would also be responsible for mapping the site's new structure, optimizing its search functions and working with agency officials to make regular improvements.

The overhaul comes as part of the VA Digital Modernization Strategy, an agencywide effort to streamline online services and make it easier for veterans to navigate the benefits process. The initial contract would run for 12 months, with an option to extend an additional 12 months.

"VA is committed to dramatically upgrading its user-facing digital tools, becoming the first federal agency to deliver a digital experience on par with the private sector," officials wrote in the RFI.

Today, VA's online presence is organized in a similar way to the VA itself—veterans need to seek out different websites for benefits, health care, cemetery services and other products. In effect, that means vets need to understand the agency's bureaucratic structure to access its services.

In recent years, the agency has attempted to make this digital maze easier to navigate. Led by executive director Marcy Jacobs, the Digital Service at VA has revamped online applications, connected portals to vast troves of patient data and given a thorough makeover to vets.gov, a site where veterans can apply for benefits and track claims.

"What we hear consistently from veterans is 'I'm confused and I don't understand why the VA doesn't act like one organization,'" Jacobs told Nextgov in a June conversation. "[We're] really trying to change the conversation with the veteran and make it easier for them to interact with the VA."

Now through the broader VA.gov redesign, VA intends to bring all its veteran-facing sites—vets.gov, myhealth.va.gov, ebenefits.va.gov and explore.va.gov—under the umbrella of the main site. Once completed, the site would act as a one-stop shop for all veteran services.

The new content management system must also support a variety of application program interfaces, or APIs, which will allow third parties to build applications that run on VA data and services. Last week, the agency began soliciting separate vendors to build an API management platform.

The agency plans to launch the first version of the revamped VA.gov on Veterans' Day, according to the RFI. The vendor is expected to update the site every two to three weeks.

Responses are due Aug. 3.

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3.4 - The Chronicle-Telegram: Lorain Council votes unanimously to approve rezoning to lure VA back (31 July, Katie Nix, 55k uvm; Elyria, OH)

LORAIN — City Council voted unanimously to approve the rezoning for six parcels of land Monday night to make way for a new Department of Veterans Affairs Community-Based Outpatient Clinic.

At the last meeting before the body takes its annual recess during August, the nine members in attendance voted to rezone the properties sitting along West Erie Avenue near the intersection with Kolbe Road from residential to business, allowing for the construction of a medical building.

By rezoning the land, City Council is making it so the VA can give the site its stamp of approval for a new clinic, which would bring the agency back to Lorain after it left its home in the St. Joseph Community Center at the end of 2015 for Sheffield.

Councilman Joe Koziura, D-at large, said he'll be pleased with the project if it comes to fruition.

"I was the mayor when they were originally going to put the veterans center in Elyria and I called the director in Cleveland and we were both Vietnam veterans," he said. "The plans changed, and we got it at St. Joe's. Hopefully we'll be successful."

Councilman Mitch Fallis, D-at large, and Councilwoman Mary Springowski, D-at large, both said they supported the rezoning but only if Council can revert the zoning back to residential if the project doesn't happen.

Council clerk Nancy Greer said it would have to go back to the Planning Commission first.

Council also unanimously approved new legislation in which the city will charge residents for when police officers are called to their homes for false security alarms.

"We're moving ourselves out of drug areas, away from investigations to respond to fantasy calls," said Lorain police Capt. Roger Watkins. "We're not out here to make money. We're giving people two freebies, so we can explain to them what's going on and they can get their alarm system fixed."

Police Sgt. Ray Colon, a crime analyst for the department, said about 34 percent of the places where police are called to because of false alarms are responsible for 63 percent of the total false alarm calls.

"Alarms are 7 percent of our calls coming from the public," he said. "Last year, we responded to 2,439 alarms and 81 percent of those were false. False alarms are at least a two-officer call, and we're flying a Code 2, which is lights and sirens, disobeying laws of traffic to get there as fast as possible. Eight times out of 10 it's a false alarm."

Colon said the percentage of times the call is actually a false alarm as opposed to a real one is probably closer to 90 percent because if an officer adds additional information when he clears the call through dispatch it might not necessarily be classified as a false alarm.

According to the legislation, sending officers to that many false alarms costs \$40,000 a year.

The legislation states residents will be charged \$35 per call if officers are called to their homes three, four or five times in a calendar year. They are charged \$75 for calls six and seven and \$100 per call after that in addition to being labeled a nuisance property.

The law also applies to businesses in the city.

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3.5 - The Morning Journal: Lorain Council votes to rezone potential VA clinic location (31 July, Kevin Martin, 33k uvm; Lorain, OH)

Lorain is one step closer to welcoming back a U.S. Department of Veteran's Affairs Clinic that left the city in 2016.

In a special call of Council on July 30, Lorain City Council voted unanimously to rezone parcels from R-1 residential to B-1A Office Business District totaling 9.7 acres at 3120 Kolbe Road that could be the home of a new permanent VA clinic location.

The vote clears another hurdle for the project which would be located across from the Mercy Health Medical Center.

"Right now we wait. This was a key part of the application as the developer stated last meeting (July 23) and we wanted to get it done as soon as possible," Mayor Chase Ritenauer said. "So at this point I think we've provided everything they've asked from us."

"If there is another ask perhaps we will be back here sometime in August instead of recess. But for right now that is what they needed and we were able to accomplish that tonight," the mayor added.

The Lorain County Community Based Outpatient Clinic, presently located at 5255 N. Abbe Road in Sheffield Village, is in the third year of a five-year lease as a temporary location with the VA and is intending to stay there until the end of term, according to Danielle Krakora, communications officer for the Louis Stokes Cleveland VA Medical Center in a July 25 letter.

The VA has yet to announce its plans for the next permanent site and is working to identify the location within the area of delineation established through research identified as Lake Erie, east to Case Road, south to U.S. Route 20 and state Route 10 and west to state Route 58, established through research, the letter said.

Warrensville Heights-based developer Michael Downing presented the proposal at a July 23 public hearing. The proposed 34,000-square foot location would return the VA to Lorain which left the St. Joseph Community Center at 205 W. 20th St. in 2016.

If the VA was to return, construction could begin in 2019 and it could be operating by 2020, bringing an estimated 50 jobs along with it. A second phase of the project could feature ancillary medical tenants, including kidney dialysis or medical supplies.

In a phone interview, Sheffield Village Mayor John Hunter reiterated that he would do everything in his power to keep the clinic in the Village, citing the VA indicated the Sheffield Village location has increased veteran enrollment by 1,060 since relocating to its present location.

"I just want to do what's best for the veterans," Hunter said.

Hunter noted the proposed location falls outside of the area of delineation established by the VA and questioned how a move to an area west of state Route 58 would work.

"They've got the right to get the site, and that's all they'll be able to do. The VA will say it's outside their boundaries," Hunter said.

Since news of the proposal broke, Hunter noted he has received more than 50 calls from concerned citizens about the potential move.

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4. Focus Resources More Efficiently

4.1 - The Oklahoman: Oklahoma City VA yoga participants look to help others (31 July, Meg Wingerter, 3.8M uvm; Oklahoma City, OK)

Clarence Adams credits yoga classes through the Oklahoma City VA Medical Center for not only easing the pain of an old injury, but also helping him to break financial and health habits that were holding him back.

Now, he hopes to use what he's learned to help others.

Adams, who joined the Army in 1975 but was discharged because of foot and knee problems, said he injured his back when doing squats years ago, and yoga helped him stop taking pain pills. The breathing exercises not only helped with physical healing but made it easier to clear his mind, think positively and work on priorities like saving money and eating right, he said.

"I'm in my 60s, and I have to do something," he said. "An hour of this, and I feel so much better."

Adams is one of two veterans currently in a yoga class at the VA Medical Center who hope to become instructors themselves. He and most of the other participating veterans received a "prescription" for 12 weeks of classes as a supplement to treatment for pain or mental health conditions, but many continue to participate after their three months are over.

Don Bamborough, who also is considering taking the 23 weeks of classes needed to become a yoga teacher, said he came to the class to help manage the pain and stress that came from four back fractures and surgery to implant a "bionic ankle." He served in the Air Force from 1963 to 1967, followed by years of heavy labor.

"It's really good for me," he said. "If you're a veteran and you've been in construction, you're going to be in pain."

Several of the participants in class on a steamy afternoon in early July said they were skeptical about yoga but came around to it.

John Johnson, a retired Marine who served from 1972 to 1992, said the pace of the class took some getting used to, but eventually, he found it calming. He said he moves better since he's started taking the class, even though he still has pain from arthritis.

"I had no idea what yoga was about. I remember back in the '60s, the flower kids," he said. "The first few classes, I hated, because you have to do everything so slow."

To an outside observer, it might not look like much is happening. The group starts by sitting quietly, palms on their thighs, and breathing deeply. Instructor Sara Alavi leads them through a guided meditation, asking them to think with gratitude about their bodies and to notice what they smell, hear, taste and feel.

"Let go of everything that doesn't belong here," she said.

At Alavi's direction, the men then lightly slapped their legs to focus on what they wanted to release. They then tapped their heads, face, chests and wrists and repeated after Alavi.

"I have held onto this for too long."

"I don't have to hold onto it anymore."

"I am no longer a victim of what happened to me in the past."

"I am learning for the first time to love and accept myself as I am."

The tapping is intended to help release emotions and encourage relaxation, Alavi said. At the end, the participants laid on the floor, their heads on blocks and their feet on the seats of chairs, with bands over their eyes, for a few minutes of quiet meditation.

Stanley Stephens, who served in the Air Force from 1965 to 1985, said he had his doubts about yoga, but he likes the messages about moving forward in life. His wife — whom he'd met when both were in the Air Force, died of ovarian cancer in September — and he was struggling emotionally when his doctor made the referral.

"We were so close. I like to say it was a love story and an adventure at the same time," he said.

The class also was a chance to work on his physical flexibility and balance, Stephens said.

"When I finish yoga, I don't need the cane," he said. "It's a subtle influence. If you stay with it, it grows on you."

While the benefits of meditation might not be as obvious as those of physical exercise, Bamborough said they're just as important.

"If you're kind to yourself, you'll be kind to others," he said.

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4.2 - Knoxville News Sentinel (Video): [Ex-VA employee convicted of defrauding Knoxville disabled vet of \\$680K](#) (31 July, Yihyun Jeong, 2.1M uvm; Knoxville, TN)

Kenneth Richard Devore used his position with the U.S. Department of Veterans Affairs to meet and gain the trust of a disabled Knoxville veteran.

With that trust, Devore convinced the veteran he needed a will, and proceeded to help the veteran write that document.

He named himself the sole beneficiary.

A federal jury convicted the 44-year-old former VA employee of defrauding the veteran of more than \$680,000 on July 25.

Devore was convicted of six counts of wire fraud, one count of theft of public money over \$1,000, one count of willful mail fraud, one count of conflict of interest of a federal employee, two counts of making or using a false writing and one count of making a false statement.

Court documents show that Devore, appointed as a field examiner in the VA's Fiduciary Program in 2013 in Jonesborough, drove the veteran to the post office to notarize the documents he helped the veteran prepare.

He then forged the victim's initials before sending notice to the veteran's bank, which was his legal guardian.

The veteran — only identified as "D.N." — was discharged from the military around 1986, according to court documents. He was declared incompetent the following year, and in 2004, was appointed a bank as his guardian and fiduciary.

Prosecutors say that as a VA field examiner, Devore was assigned to ensure that the veteran was receiving the benefits he was entitled to, and taking steps to protect his assets.

Instead, he schemed to make himself the sole beneficiary of the veteran's finances.

Records show Devore was forced to resign from the VA, but that he got a job at the National Background Investigations Bureau just a year later.

Lies continued

The VA said Devore was forced to resign after the forged documents were discovered in 2015.

The next year, he applied for a job as an investigator for NBIB, an agency within the U.S. Office of Personnel Management that conducts investigations for positions of public trust and security clearances, according to Doug Overbey, the U.S. attorney for the Eastern District of Tennessee.

Devore lied about his employment history and intentionally withheld that he had been forced to resign from the VA for misconduct. He also falsely claimed he received a college degree from a made-up "Canterbury University."

"By his misrepresentations and omissions, Devore was hired for the job and worked through 2017," Overbey said in a statement.

Officials also discovered that he had lied about his own purported disabilities in order to obtain a 100 percent "total and permanent" disability rating by the VA, receiving disability compensation from 2009 to 2017.

After Devore was indicted in April 2017, he remained free on a \$20,000 unsecured bond. That bond was revoked July 10 after a judge heard evidence he lied on a U.S. Postal Service application by saying he was not under any criminal charge

His sentencing hearing is set for Nov. 5.

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4.3 - Government Executive: Former Fed Convicted of Defrauding Disabled Vet, Then Lying to Get Background Check Job (31 July, Eric Katz, 870k uvm; Washington, DC)

The Justice Department has successfully won a guilty conviction against a former federal employee who illegally schemed against the government during stints at two different agencies.

Kenneth Richard Devore was convicted in a U.S. District Court in Tennessee of wire fraud, mail fraud, financial conflict of interest, theft of public money, and making false statements in connection to jobs he held at the Veterans Affairs Department and Office of Personnel Management.

Devore's first offense came while at VA in 2015, where he worked as a field examiner to help veterans unable to care for themselves protect their financial assets. While assisting a "disabled and incompetent veteran" in Knoxville, Tennessee, Devore "used his position to convince that veteran that he needed a Last Will and Testament," according to the Justice Department. He made himself the sole beneficiary of that will, leaving all of the veteran's \$680,000 in assets to himself. Devore forged the veteran's initials onto the document and sent it to the individual's bank.

The indictment against Devore found that he used his federal position to gain the veteran's trust and learn about that individual's assets. Those included the veteran's guardianship checking, personal checking, savings, money market, government securities and other accounts.

VA became wise to Devore's activity and forced him to resign. He quickly applied for a job at OPM's National Background Investigations Bureau, which assesses individuals applying for security clearances with the federal government. Devore withheld that he was forced to resign from VA and said he had received a degree from "Canterbury University," an institution he made up. OPM failed to recognize the deceptions and hired Devore. He continued to work at the agency into 2017.

All the while, Devore claimed to be a disabled veteran unable to work due to his injuries and received compensatory benefits from VA.

OPM and VA's inspectors general investigated the case, leading to the Justice Department's prosecution. The government dropped two charges of "frauds and swindles" and one count of "act affecting personal financial interest."

Devore—who was represented by a public defender—was released on \$20,000 bond last year, but will face sentencing in November. The cumulative maximum penalties of his various crimes could amount to 55 years in prison and fines of \$1 million.

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4.4 - KOLR (CBS-27, Missourinet): Hartzler Proposes Enhancements to VA Doctor Recruitment (31 July, Alisa Nelson, 274k uvm; Springfield, MO)

A U.S. House committee is considering whether to let VA hospitals recruit and hire future doctors up to two years prior to completion of required training. Congresswoman Vicky Hartzler, R-Missouri, is proposing the bill that she says would include a competitive hiring timeline. Hartzler tells Missourinet doctor offices and hospitals recruit future doctors while they are completing their residency.

"They (VA hospitals) currently do not do that until the very end and I think that puts us at a disadvantage," she says.

Hartzler, whose district includes Columbia's Truman VA Hospital, says her bill would help veterans receive better care.

"The veterans hospitals in our area, including Truman VA there in Columbia, will be able to have a level playing field when recruiting the best physicians possible to serve our veterans," she says.

Hartzler goes on to say she thinks failing to recruit doctors during the residency period has contributed to a shortage of VA doctors nationwide. The bill comes at a time when the VA reports more than 30,000 vacant positions.

The American Legion has voiced their support for the bill by saying, "The VA Hiring Enhancement Act will help address the shortcomings in recruitment and retention of highly qualified physicians. The bill, addressing health care within the VA system, is especially welcomed by some at a time when Veterans Service Organizations (VSOs) like American Legion have expressed growing concern about the privatization of veterans' health care."

The bill would release physicians from non-compete agreements to serve in Veterans Affairs. It would also update the minimum standard for VA physicians to include the completion of a postgraduate medical residency.

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4.5 - The Berkshire Eagle: Letter: VA healthcare problems are well-documented (31 July, Bruce Deloye, 191k uvm; Pittsfield, MA)

To the editor:

I write in response to a July 23 letter from a fellow veteran, Robert Haywood of Lee, about my experience with the dental clinic at the Central Western Massachusetts HealthCare System in Northampton.

I am saddened by Mr. Haywood's letter because he is trying to dispel what is common knowledge to most people, that the VA healthcare system is in serious trouble.

I suggest that he read an article published in The Eagle April 21 about a former doctor's concerns about the quality of care the facility delivers, which triggered a case now being reviewed by the Veterans Affairs' Office of Accountability and Whistleblower Protection. The case came to light just days before Dr. Sarah Kemble's death due to cancer.

I do agree with Mr. Haywood on one thing, that the dental section is well-run and I am going back there for services.

But again, there is more to what happened to me after the incident I experienced while receiving dental care that could not be told in the July 19 article in The Eagle that prompted Mr. Haywood to write.

Before he jumps to any other conclusions, I suggest that he and others investigate the situation more deeply, as I and The Eagle reporter did.

Bruce Deloye,

Lenox

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4.6 - Highland County Press: A new direction at the VA (31 July, Sen. Mike Rounds (R-S.D.), 31k uvm; Hillsboro, OH)

We are fortunate to live in the United States, where our men and women in uniform sacrifice so much to defend our liberty. We owe our service members and veterans a debt of gratitude that we can never fully repay.

However, one thing we can do is uphold the promises our nation has made to them over the last several generations, and we can do that by making improvements and changes within the Department of Veterans Affairs (VA).

The Senate recently confirmed Robert Wilkie to be the VA Secretary. Prior to his confirmation, Mr. Wilkie served as Acting Secretary of Veterans Affairs and Under Secretary of Defense for Personnel and Readiness. He has also served in the U.S. Air Force Reserve and in the U.S. Navy Reserve.

Mr. Wilkie has had firsthand experience dealing with the VA, as his father was wounded three times while serving in Vietnam.

As a member of the Senate Veterans' Affairs Committee, I had the opportunity to meet with him prior to his confirmation and ask important questions during his hearing before the committee. It is clear that he is well-qualified to lead the VA, especially at a time when the agency is attempting to improve its mission of serving our nation's veterans.

With 360,000 employees, the VA is the second-largest federal agency. It is also, unfortunately, one of the most scandal-ridden and mismanaged agencies. We remember in 2014 when the VA admitted that veterans were waiting on average 115 days just to see a doctor.

More recently, we've heard about the new VA hospital in Colorado that is more than \$1 billion over budget because the contractor failed to account for the size of medical equipment during construction and the rooms were too small to fit everything. Not to mention the project was years behind schedule.

Mr. Wilkie has a tough job ahead of him as he seeks to clean up the VA and improve care for veterans. In the past, the agency has shown protectionism for bad employees instead of taking care of veterans.

Under Wilkie's leadership, we hope to see that change. He understands how critical it is that we provide healthcare and other services to veterans across the country, and he understands the challenges he is facing. I believe he is the right person at this time to lead the VA and make certain that care of veterans is priority number one for all VA employees.

When I had the opportunity to question Mr. Wilkie at his confirmation hearing, I shared with him my concerns regarding the recently-enacted VA MISSION Act, including the 40-mile rule change that could hurt rural veterans, the "gatekeeper" provision that requires a veteran to get approval from a VA employee to seek care outside of the VA, and a "VA BRAC," which could jeopardize the future of the Hot Springs VA facility. I told him that I am ready to work hand-in-hand with the VA to address these issues as they implement the VA MISSION Act.

The men and women who have sacrificed so much in service to our nation deserve to know that the VA will support them and make good on our country's promises to them. The care of veterans is my number one priority. I believe that it is Mr. Wilkie's main concern as well, and I look forward to working with him as he takes on the challenges of managing the VA.

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5. Improve Timeliness of Service

5.1 - KNSD (NBC-7, Video): VA Supports Study Testing Efficacy of CBD's Use in PTSD Treatment (1 August, Bridget Naso, 2.1M uvm; San Diego, CA)

Marine veteran Kayla Carnivale says she's been looking for peace since she left the military with Post Traumatic Stress Disorder.

And she's found a natural way to get it.

She began using marijuana and Cannabidiol two years ago to help treat her PTSD and a traumatic brain injury instead of pills prescribed by the VA.

"I went from about eight medications a day and now I'm down to two," Carnivale said.

She says it helps her with multiple symptoms, like "nightmares and loss of sleep," as well as pain and stress.

It's always recommended that any use of a substance be discussed with healthcare professionals and Carnivale said she's been open with her doctor at the San Diego VA.

While marijuana is legal in California the drug is considered illegal by the federal government. But there is a bill making its way through Congress would allow the VA to study its use.

NBC 7 has learned the VA San Diego Healthcare System is in the process of putting together a study using one of the chemicals found in the drug.

"VA is supporting a study to test the efficacy of Cannabidiol (CBD) as a potential adjunctive therapy for PTSD. Unlike tetrahydrocannabinol (THC), CBD is non-intoxicating and has no known abuse liability. The CBD to be used in this study will be produced commercially," the VA San Diego Healthcare System told NBC7 in a statement.

"Federal law requires approvals from a number of federal agencies in order to conduct such a study. VA is working to obtain those approvals, but the process is not yet complete," the statement read.

Carnivale says she understands the hurdles and that some people might object to the drug's use, "But until you're in our shoes and you have our pain, and you have the type of nightmares and lack of sleep and all that that comes with being a disabled war veteran, then you really can't say anything to us."

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5.2 - WGNS (CMN-1450, Audio): Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own (31 July, Scott Walker, 47k uvm; Murfreesboro, TN)

Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up.

The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different.

Do to the MRSA (Mer-sa), doctors had to amputate his leg. After the surgery, he was wheelchair bound and fell into depression that lasted for years. Several years later it was an accident of falling down a flight of stairs that brought him out of that depression.

After undergoing a surgery on his other leg, receiving a prosthetic left knee and later a prosthetic right leg, his life started to change.

Jimmy was sent to the VA Medical Center in Murfreesboro to undergo rehabilitation. WGNS' Scott Walker was at the VA on Tuesday (7/31/18) when Jimmy walked out of the hospital on his own. Keep in mind, he was previously wheelchair bound since 2010...

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5.3 - Salem News: [Congressman Smith Capitol Report: Fighting for warfighters](#) (31 July, Jason Smith, 17k uvm; Salem, MO)

Our grateful nation owes a massive debt of gratitude to the veterans who have fought to protect our country and its freedoms. As I accompanied President Trump this week on Air Force One for his fourth trip to Missouri since becoming president, I saw how devoted he is to fight on their behalf so every veteran receives the best possible treatment upon returning home. I spent some quality time with the president and saw his deep love for both the state of Missouri and the men and women who have served in uniform.

The scene inside the Veterans of Foreign Wars National Convention in Kansas City was electric. The VFW is the oldest major veterans organization in the country and thousands of men and women who served our country packed into the arena to hear the Commander in Chief speak. The president laid out the progress his administration is making domestically to better prepare our military and take care of our veterans and stated the incredible progress our military has made on the world stage eradicating ISIS. You could feel the raw emotion in the room as the president announced that as a direct result of his negotiations with North Korea, the United States has begun to recover the remains of soldiers who lost their lives in the Korean War. The families and brothers-in-arms of our fallen heroes have waited too long for this day, but they will finally be able to lay their loved ones to rest on American soil.

When our veterans were called to serve, they fought and won our wars. There were no empty promises, just responsibility to duty and love for country. Now it is our duty to answer their call to fix the VA and provide them what they need to adjust back into civilian life. President Trump and I aren't interested in empty words, we're committed to producing concrete results to increase veterans' quality of life.

I was part of the team that sent a bill to President Trump's desk which gives the Veterans Affairs Secretary the ability to fire the bad actors who mistreat or neglect our veterans. Together we overhauled the VA Choice program, scrapping the 30-day and 40-mile distance requirements holding veterans back from receiving timely care outside of the VA. We expanded GI benefits, so veterans can seek higher education when it's the right time for them. Our troops put many

aspects of their lives on hold for us when they serve; they don't need an arbitrary government time limit to receive an education.

Veterans, especially rural veterans, deserve access to quality care no matter where they live. Recently I worked on behalf of rural Missouri veterans to increase accessibility at the Salem VA clinic. I presented the VA medical director with petitions from 5,700 people who felt they were being underserved by the VA clinic only providing services two days a month. Today the clinic has expanded their staff and the services they offer to veterans.

My flight to Kansas City with the president was our fourth trip to Missouri together since he was sworn in. One year ago, the president and I were in Springfield so I could show him how rural America would benefit from a simplified tax code. We stood together in St. Charles in November before Congress passed the Tax Cuts and Jobs Act, the result of months of negotiations to cut taxes provide relief to working families and small businesses. In March we traveled to St. Louis, in the spirit of the Show Me State, to hear from businesses finding new life under an updated tax code. I was proud to be with the president in Kansas City at the VFW National Convention and see his respect for the brave men and women who defend our country and its flag, and I'll be with him as we honor our commitments to the veterans who have served this country.

The veterans of the United States are the reason our freedom is possible. They answered the call to serve when our nation needed them. President Trump and I are devoted to answering their call for better care from the government they risked everything to defend and protect.

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6. Suicide Prevention

6.1 - The Huffington Post: The Government's Solution To The Opioid Crisis Feels Like A War To Pain Patients (31 July, Art Levine, 22.9M uvm; New York, NY)

Jay Lawrence, an energetic truck driver in his late 30s, was driving a semitrailer across a bridge when the brakes failed. To avoid plowing into the car in front of him, he swerved sideways and slammed the truck into a wall, fracturing his back. For more than 25 years, he struggled with the resulting pain. But for most of that time, he managed to avoid opioid painkillers.

In 2006, his legs suddenly collapsed beneath him, due to a complex web of neurological factors related to his spinal cord injury. He underwent multiple surgeries and tried many medications to alleviate his pain.

The next year, he began to experience some semblance of relief when his doctor prescribed morphine, one of a class of opioid drugs. By 2012, he was taking 120 milligrams per day.

But this isn't a story about opioid addiction. Lawrence managed a relatively productive, happy life on the medication for the better part of 10 years.

"This isn't the life I thought I'd have," he told his wife, Meredith Lawrence, in December 2016. "But I'm all right."

Living on disability payments, he could still walk around their two-bedroom trailer home using his cane, take a shower on his own and, on his good days, even help his wife make breakfast.

Then, in early 2017, the pain clinic where he was a patient adopted a strict new policy, part of a wide-ranging national effort to respond to the increase in opioid overdose deaths.

Citing 2016 guidelines from the U.S. Centers for Disease Control and Prevention, her husband's doctor abruptly cut his daily dose by roughly 25 percent to 90 mg, Meredith Lawrence said. That was the maximum dose the CDC recommends, though does not mandate, for first-time opioid patients.

The doctor also told Jay Lawrence that the plan was to lower his dose to 45 mg over the next two months, a cutback of more than 60 percent from what he had been taking.

At the end of that traumatic visit, his wife said, Jay Lawrence's doctor dismissed their concerns and shared his own fear about losing his license if he continued to prescribe high doses of opioids. (When HuffPost followed up, the doctor declined to comment on the case, citing patient privacy.)

For a month, Lawrence suffered on the 90 mg dose. At times, his pain was so bad that he needed help to get out of the recliner, and when his wife looked over, she sometimes saw tears streaming down his face. He dreaded his next appointment when his dose would be slashed to 60 mg. In the weeks before that scheduled visit on March 2, 2017, Lawrence came up with a plan.

On the day of his appointment, on the same bench in the Hendersonville, Tennessee, park where the Lawrences had recently renewed their wedding vows, the 58-year-old man gripped his wife's hand and killed himself with a gun.

There are at least nine million chronic pain patients in the United States who take opioid painkillers on a long-term basis. As law enforcement and medical regulatory bodies try to curb the explosion in opioid deaths and the rise in illegal opioid use, they have focused on reducing the overall opioid supply, whether or not the drugs are provided by prescription.

There's mounting evidence this won't work — that curbing patient access to legal prescription opioids does not stem the rate of overdoses caused primarily by illegal drugs — and that patients are being denied desperately needed relief. There are also troubling indicators that cutting back on opioids increases the risk of suicide among those with chronic pain.

Some chronic pain patients and advocates have even begun compiling lists of individuals they know who have died by suicide after they were no longer able to treat their pain with opioid medication.

"There is no doubt in my mind that forcibly stopping opioids can destabilize some of the most vulnerable people in America," said Dr. Stefan Kertesz, a professor of medicine and an addiction researcher at the University of Alabama at Birmingham. "And the outcomes for those folks include suicide, overdose and falling apart medically."

For a decade or so, government officials in the U.S. have sought to drive down the opioid supply through a range of tactics — from increased seizures of diverted opioid medications to state crackdowns on "pill mills." The Trump administration has embraced the hard-line approach.

In late January, Attorney General Jeff Sessions announced a “surge” in Drug Enforcement Administration activity targeting pharmacies and physicians that, in the agency’s view, oversupply opioids. In February, the Justice Department doubled down with the announcement of a new task force that would focus on manufacturers and distributors of opioids. In March, President Donald Trump unveiled a plan to lower opioid prescriptions by a third within three years. And in late June, the federal government arrested 600 people, including 165 medical professionals, for allegedly participating in \$2 billion worth of fraud schemes involving opioids.

The Trump administration’s efforts are dramatic even within the context of the CDC’s opioid dose guidelines. The guidelines were originally intended to advise primary care physicians treating chronic pain patients and other pain sufferers. They were urged to exercise caution in prescribing opioids, to use alternatives whenever possible and to prescribe daily doses of no more than 90 morphine milligram equivalents (MME) for new opioid users.

For pain patients like Jay Lawrence who had already been on opioids for years, however, the guidelines simply recommended regularly assessing the harms and benefits of the dosage. They didn’t advise either mandatory cutoffs or any set limits. (The Tennessee Department of Health’s guidelines would also have allowed Lawrence to stay at 120 mg of morphine when prescribed by a pain specialist.)

But “the CDC guidelines have been weaponized,” said Kertesz. The ramped-up enforcement by the DEA and state regulators has led some doctors to choose caution and to overcorrect in their prescribing, lest they lose their ability to practice medicine at all. Kertesz decried these policies as “simplistic” in a definitive new article published last week in the journal *Addiction*.

In February, Sessions struck a particularly harsh tone by suggesting that the fate of chronic pain patients was not high on his list of concerns. “I am operating on the assumption that this country prescribes too many opioids,” the attorney general said. “I mean, people need to take some aspirin sometimes and tough it out a little.”

Attitudes like that are based on a series of mistaken assumptions about pain, according to Dr. Thomas Kline, a North Carolina-based family practitioner and former Harvard Medical School program administrator. Kline regularly updates a list of pain patients, published on Medium, who’ve killed themselves in the wake of draconian restrictions on pain medication.

“I ask people to imagine the very worst pain they’ve ever experienced in their lives,” Kline said. “And then that they’re denied relief by a doctor with the one medicine proven effective for pain control for 50 centuries.” (Historical records show that people in ancient Mesopotamia cultivated the poppy plant for medical use.)

The government’s aggressive focus on doctors and patients is unlikely to address the very real menace of opioid-use disorders and sharply escalating overdose deaths. Fraud — driven by pharmaceutical company policies — and diversion — the phenomenon of prescription medications being sold as street drugs — initially spurred a wave of opioid abuse in the late 1990s, as some doctors turned their practices into pill mills. But new reports by the CDC and a drug data firm, the IQVIA Institute for Human Data Science, suggest that prescription drugs play a much smaller role in today’s crisis.

The reports show that total opioid prescriptions dropped 10 percent in 2017 — the sharpest annual decline in such prescribing in 25 years. While opioid prescriptions peaked back in 2010,

the studies found that growth rates in opioid-linked deaths, overwhelmingly due to illegal fentanyl and heroin, have skyrocketed in the last seven years.

Indeed, although two-thirds of the 64,000 overall drug overdose fatalities were linked to opioids in 2016 — the most recent year for which there is data — more than 80 percent of those opioid drug deaths came from illegal street drugs such as heroin and fentanyl. Prescription opioid drug deaths alone — excluding methadone — amounted to less than 15 percent of all drug overdose deaths, or about 9,500 fatalities.

Still, the CDC's guidelines have triggered restrictive laws in at least 23 states that mandate ceilings on opioid dosage. (Oregon, in fact, is moving to taper dosages down to zero for all Medicaid chronic patients over a year.) That makes relief less attainable for pain patients and threatens the practices of doctors who treat them. These laws have been augmented by the growth of state prescription monitoring programs that use the software NarxCare, which is designed to flag addiction but can also rope in pain patients based on their prescription history and use of multiple doctors.

And in June, the House of Representatives passed over 50 bills that would establish dramatic new restrictions on opioid prescribing, eliciting alarm among patients and some disability rights groups.

The side effects of the current enforcement efforts are disturbing enough, from patients denied relief to drug shortages to suicides.

No health agency has kept track of all pain-related suicides that may be linked to doctors cutting back on prescriptions. But some preliminary findings from Department of Veterans Affairs researchers indicate that VA pain patients deprived of opioids were two to four times more likely to die by suicide in the first three months after they were cut off, compared to those who remained on their pain medications.

That study isn't without flaws. Veterans die by suicide at higher rates than average — currently accounting for 20 suicide deaths a day — so they are not a nationally representative sample. And the VA study, which was released at a national opioid summit in early April, has not yet been submitted for peer review.

But another study, published last year in the peer-reviewed journal General Hospital Psychiatry, looked at nearly 600 veterans who in 2012 were cut off from dosages after long-term opioid use and found similar results. Twelve percent of the vets showed suicidal ideation or took violent action to harm themselves — a rate nearly 300 percent higher than the overall veterans community.

"To protect people, you have to take care of the patient, not the pill count," said Kertesz, who worked on the VA's April 2017 study but spoke to HuffPost only as an independent researcher. "The findings suggest that the discontinuation of opioids doesn't necessarily assure a safer patient."

Even terminally ill cancer patients are increasingly getting less relief, and there are growing shortages of injectable opioids at local hospitals and hospices, spurred in part by DEA-ordered reductions in opioid manufacturing quotas.

Leah Ilten, a 53-year-old physical therapist who lives in Kennewick, Washington, told HuffPost that as her 86-year-old father lay dying of pancreatic cancer in a hospice, the medical staff ignored her pleas to provide appropriate opioid pain relief, even cutting his dosage in half on the last day of his life. A few days earlier, when he was in the hospital, one nurse explained to her that opioids could lead to an overdose or could potentially cause the man, who lay moaning in pain, to “get addicted.”

“I was horrified,” Ilten said.

In mid-April, the DEA responded to the injectable opioid shortage by lifting production quotas. An agency spokesman told HuffPost that it was “a manufacturers’ problem, not the quotas,” while asserting that progress is being made.

There have been production issues, including Pfizer’s foul-ups with a plant in Kansas. But the DEA’s delay in taking action — shortfalls were flagged in February in a letter from the American Society of Anesthesiologists and other health groups — definitely contributed to the shortage, according to Dr. James Grant, president of the ASA. He told HuffPost that quotas were among the factors creating the crisis.

Faced with the hardline national crackdown on opioid prescriptions, people with chronic pain are trying to raise awareness of the suffering caused by the loss of medications. Some are gathering the names of those patients who ended up taking their own lives, both as a memorial to those who died and as a protest against the health establishment that has seemingly abandoned them. Others are seeking comfort from each other on social media.

Lelena Peacock, who declined to name her southeastern city of residence for fear of retaliation from doctors, is struggling with how to treat the pain associated with fibromyalgia. The 45-year-old found that her social media posts drew other pain patients who turned to her for help.

By her own count, Peacock has thus far convinced more than 70 chronic pain patients to call 911 or suicide prevention hotlines instead of killing themselves.

For Anne Fuqua, a 37-year-old former nurse from Birmingham, Alabama, the motivation for compiling a list of chronic pain-related suicides is to track the damage done by what she sees as policies that have left people like her behind.

“There’s so many people who have died,” she said. “We have to remember them.”

Fuqua has an incurable neurological illness known as primary generalized dystonia that causes Parkinson’s-like involuntary movements and painful muscle spasms. She started taking about 60 mg of Oxycontin a day in 2000. Her doctor began to limit her access to high doses of opioids in 2014, the same year she started chronicling those friends who had killed themselves or otherwise died after being denied pain medications. Her informal list is now up to roughly 150 people, augmented by lists that other pain patient advocates have compiled.

On July 9, Fuqua joined other chronic pain patients at a meeting at the Food and Drug Administration campus in Maryland to express their fears and outrage at the cutbacks. Sitting in the front row in her wheelchair, she told FDA officials about that list and declared, “I’m not willing to go back to the state I was in before I started treatment.”

Fuqua's own difficulties are compounded by the fact that her body does not respond to even large doses of opioids the way others do — she suffers from severe malabsorption that hampers her ability to benefit from everything from opioids to vitamin D. Since 2012, she has relied on a strikingly high daily regimen of 1,000 MME of opioids, including fentanyl patches, to manage her pain.

But her physician, Dr. Forrest Tennant, was driven to retire this year after a DEA raid and investigation. The Los Angeles-area physician mailed her a final series of prescriptions, which will run out at the end of July.

"It's terrifying," she said looking at her future. "If these were people who had asthma or diabetes and weren't stigmatized because of opioids, this wouldn't be allowed to happen."

Another doctor has quietly stepped forward to continue treatment for Tennant's remaining patients, Fuqua said, although there's no assurance that this physician won't also be investigated in the future.

The raid on Tennant's home and office last November illustrates the hard-line regulatory and enforcement approach that critics say doesn't distinguish between pill-mill doctors who deserve to be shut down and legitimate pain doctors who use high-dosage opioids. The wide-ranging search warrant served to Tennant essentially accused him of drug trafficking even though he'd earned a national reputation for deft treatment of — and research about — pain patients.

"He's highly respected and prominent in pain management," said Jeffrey Fudin, a clinical pharmacy specialist who heads the pain pharmacy program at the Albany Stratton VA Medical Center in Albany, New York, and serves as an associate professor at the Albany College of Pharmacy and Health Sciences. "Most of his patients had no other options, and they came from around the country to see him."

Tennant was known for taking on difficult-to-treat patients, including those suffering from pain as a result of botched surgeries and other forms of malpractice. His research included innovations in the use of hormones to alleviate pain and lower opioid use up to 40 percent, as well as work on genetic testing for enzyme system defects that lead to opioid malabsorption.

"The DEA can trigger an investigation every time they misapply the CDC guidelines without paying attention to the population the physician treats or issues of medical necessity," said Terri Lewis, a patient advocate and a Ph.D. clinical rehabilitation specialist with Southern Illinois University who trains clinicians on how to manage seriously ill patients with incurable pain.

Special Agent Timothy Massino, a spokesperson for the DEA's Los Angeles division, declined to comment on the agency's approach to Tennant. "It's an ongoing investigation," he noted.

Tennant's isn't alone. Physicians must now balance their prescribing obligations to their patients with legitimate fear for their livelihoods.

DEA enforcement actions against doctors have risen some 500 percent in recent years — from 88 in 2011 to 449 last year, according to an analysis of the comprehensive National Practitioners Data Bank by Tony Yang, a professor of health policy at George Washington University. Even though that's a relatively small number of arrests compared to the roughly one million physicians in the country, such arrests can have an outsized impact.

"They make big news, and they serve as a deterrent for physicians whose specialties require them to use a lot of pain medications," Yang said. "It makes them think twice before prescribing opioids."

Dr. Mark Ibsen of Helena, Montana, found himself in a five-year battle against the state licensing board that's still not over — even though a judge last month reversed the board's decision to suspend his license because of due process violations. The court has remanded the case back to the licensing board for potential further investigation of his opioid prescriptions, but Ibsen has decided he won't resume his medical practice.

That's bad news for Montana, which has the highest rate of suicide in the country, according to the CDC. What's more, chronic pain-related illnesses account for 35 percent of all the state's suicides, as a recent state health department study found.

In the course of his fight with the medical board, the 63-year-old doctor said three of his former chronic pain patients have killed themselves after he and other doctors stopped prescribing opioids. The first of those patients died shortly after attending a hearing to show his support for Ibsen.

The deaths of pain patients haunt those who treated them and loved them. Meredith Lawrence, who sat with her husband to the very end, said, "It was as horrifying as anything you can imagine."

"But I had the choice to help him or find him dead someday when I came home," she added.

Lawrence was arrested and sentenced to a year's probation for assisting a suicide. Now her goal is to fight restrictions on opioid prescriptions.

"If we don't stand up, more people will die like my husband."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Miami Herald: [Miami's homeless veterans need legal assistance. You can help them get it.](#) (31 July, Brittney Horton, 8.9M uvm; Miami, FL)

The U.S. Department of Veterans Affairs (VA) recently released the results of a survey of homeless veterans, including those here in South Florida, asking what types of services and support they need to get back on track. Some answers were predictable, such as housing or mental health treatment. But their most common request might surprise you: civil legal aid. As an attorney with the Veteran's Legal Advocacy Project at Legal Services of Greater Miami, I can tell you why that is — and how you can help.

The CHALENG survey, short for Community Homelessness Assessment, Local Education and Networking Groups, asks homeless veterans every year about their needs and wants. Four of the top 10 requests from male veterans this year were legal help for child support, restoring a driver's license, resolving outstanding warrants and fines and preventing evictions. Another

recent study found that 88 percent of low-income veterans (and 86 percent of all low-income Americans) received no help at all or inadequate help for civil legal problems like these.

This means that even for veterans who risked their lives to defend the principle of justice for all, justice may be out of reach in civil courts.

Most of us know that if you are accused of a crime in America you have the right to a lawyer if you cannot afford one. However, many people do not know that if you are having civil legal troubles and you cannot pay for an attorney, you are usually on your own. This includes issues that can have serious consequences like landlord-tenant disputes, divorce and child support, consumer debt and more.

When these issues go unresolved, they can quickly spiral out of control. People can lose their homes, their livelihoods and even their children, simply because they cannot afford the legal help to enforce their rights. Fortunately, last year we helped almost 300 veterans avoid these terrible outcomes through the Veteran's Legal Advocacy Project.

For example, we recently helped a Vietnam-era veteran obtain Supplemental Security Income (SSI). Even though he had severe physical impairments and was hospitalized at the VA, the Social Security Administration claimed he was not disabled and denied him the assistance. Without the SSI benefits, the veteran could not afford housing. We represented the veteran at a hearing before the Social Security Administration; we won: He got his benefits plus back pay of \$14,152. These funds helped him obtain housing, leave the hospital and avoid homelessness.

Organizations like Legal Services of Greater Miami offer civil legal aid to those who cannot afford attorneys on their own. This includes critical legal work like defending evictions and foreclosures, and appealing denials of VA, Medicaid and disability benefits. The 50,000 veterans in Miami-Dade are an important part of the population we serve.

Unfortunately, too many veterans still go without the help they need. How can you help? If you know a veteran in Miami-Dade or Monroe County with a civil legal problem, refer them to the Veteran's Legal Advocacy Project. If you are a lawyer, volunteer to take a case. Or, support civil legal aid programs, like Legal Services of Greater Miami, which prevent veteran homelessness and ensure that veterans have access to the justice they fought to protect.

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7.2 - The Fayetteville Observer: Sandhills State Veterans Cemetery to receive nearly \$6M VA grant (31 July, Drew Brooks, 439k uvm; Fayetteville, NC)

North Carolina has received nearly \$9 million in grants to help make improvements at two veterans cemeteries.

The Sandhills State Veterans Cemetery in Spring Lake and the Western Carolina State Veterans Cemetery in Black Mountain will benefit from the grants, according to officials with the N.C. Department of Military and Veterans Affairs.

The Sandhills State Veterans Cemetery, nestled between Spring Lake and Fort Bragg off N.C. 210, will receive the bulk of the funds, which are being provided by the U.S. Department of Veterans Affairs.

Officials said they will receive nearly \$6 million to fund an expansion of the cemetery, improve landscaping and build supporting infrastructure such as roadways.

The grants will not add more land to the cemeteries, said Angella Dunston, a spokeswoman for the N.C. Department of Military and Veterans Affairs. Instead, the money will help improve the cemeteries and develop further parts of the properties.

Without the grant money, Dunston said, the Sandhills State Veterans Cemetery was nearing capacity and could have run out of room within the next two years.

A nearby cemetery on Fort Bragg, the Main Post Cemetery, filled its capacity several years ago. There are 3,000 veterans and family members buried at the Fort Bragg cemetery.

The Sandhills State Veterans Cemetery, which was created from 50 acres gifted to the state from Fort Bragg in the late 1980s, has more than 6,000 graves, according to officials.

The nearly \$6 million grant for Sandhills State Veterans Cemetery will fund 2,240 pre-placed crypts, 362 in-ground cremated remains sites and 880 columbarium niches, in addition to roadways, landscaping and other infrastructure.

The project will serve the approximately 175,000 veterans and family members who are potentially eligible to be buried at the cemetery, Dunston said.

Larry Hall, the state secretary of Military and Veterans Affairs, said the grants to expand two of the state's four veterans cemeteries were a reflection of North Carolina's reputation for stewardship.

"We look forward to working with the General Assembly to ensure that the state is able to continue maintaining and improving these facilities in the future so that our deceased veterans and their families can be honored and given the respect they earned and so rightly deserve," Hall said.

The Western Carolina State Veterans Cemetery will receive about \$3 million for a smaller expansion, officials said. The grant would provide 1,300 pre-placed crypts, 564 in-ground cremated remain sites and 1,360 columbarium niches, officials said. Approximately 124,000 North Carolina veterans and their family members are eligible for burial in the cemetery.

Other state veterans cemeteries are in Jacksonville and Goldsboro.

"North Carolina is proud to be the most military and veteran friendly state in the nation and I want to thank our federal partners at the Department of Veterans Affairs as well as North Carolina's congressional delegation for working to ensure that we can continue to serve our veterans and their loved ones," Hall said.

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7.3 - The Daily Journal: Addressing homelessness (31 July, Jonathan Madison, 160k uvm; San Mateo, CA)

My first legislative assignment on Capitol Hill came within months after I was hired to the House Financial Services Committee's Subcommittee on Housing and Insurance. The subcommittee was tasked with drafting a bill that would effectively reduce the homeless population among at-risk youth: H.R. 32 — The Homeless Children and Youth Act.

Before we drafted the bill, we were asked to partner with the Department of Housing and Urban Development to participate in a survey of homeless persons. For three hours on a brisk night in November, we marched the streets of Washington, D.C., identifying and asking homeless individuals whether they attempted to find shelter at a HUD homeless facility. Our findings were astonishing. Most of these individuals did not know shelters were available, or were turned away altogether. Among the most memorable individuals, I can recall a veteran of World War II having lost everything after losing an ongoing battle with post-traumatic stress disorder. I recall a drug addict who had given up on rehab. Most vividly, I recall a woman suffering from severe depression following a divorce and losing custody of her two children. These individuals had simply lost their way, but were not out of reach.

After several months of working tirelessly on nights and weekends, we managed to draft and garner bipartisan support for the bill before it was brought before the committee for a vote. Awaiting the vote with a hopeful grin, I proudly stood behind the members of Congress with talking points in hand as they debated the fine points of the bill. To my surprise, rather than collaboratively working to fine-tune the bill, many of the members focused on political differences rather than finding consensus on policy for the greater good.

Discouraged by the bill's defeat, I solemnly returned to my desk, trashed my talking points and loosened the stiff knot on my suit tie. I learned a difficult lesson to grasp that day. Addressing homelessness is among the least of favorable issues for many legislators. Quite frankly, that is because it is always an issue for which leaders in politics will be criticized. Moreover, it is not a profit-driven issue, and thus is not strongly supported by special interest groups. The end result is a cohort of federal agencies tasked in part with overlapping and duplicative goals of addressing homelessness that ineffectively address the problem.

Consider the Department of Veterans Affairs, an agency that administers homeless assistance and services for our wounded heroes. The agency continues to face its own battles in trying to provide quick and effective shelter and treatment for veterans who need it most. Last year, the 15-member commission tasked by Congress to reform the U.S. Department of Veterans Affairs reported several deficiencies that, despite a significant increase in funding over the past two years, continue to plague the agency. Some of these deficiencies include "flawed governance," "insufficient staffing" and "inadequate facilities."

Some suggest that merely increasing state and federal funding is the cure-all to our homeless population. I would direct them the alarming discrepancy in the skyrocketing homeless population in the Bay Area and the money our state expended on addressing homelessness in the past fiscal year. In fact, the city of San Francisco funneled more than \$275 million on homelessness and supportive housing in the last fiscal year. Nevertheless, the homeless population continues to increase.

Consider the irony: One of the single most profitable places in our nation — the Bay Area — is also home to one of the single largest homeless populations. The problem is not merely a shortage in funding. The problem is in large part attributed to the lack of affordable housing here in the Bay Area. Don't take my word for it. The State Legislative Analyst's Office tells us that we need to build more than 100,000 new rental units per year to make room for the state's growing

population. The more housing units we build, the more residents will have affordable housing alternatives from which to choose. More affordable housing options would enable many undergoing financial hardship or facing a mental illness to outlast the battle and avoid falling into homelessness. Moreover, we must ensure that every tax dollar targeted to addressing the homeless population is efficiently used and accounted for.

I do not suggest that affordable housing is the solution for all homeless persons as many are in need of supportive housing, transitional and mental health facilities. Nonetheless, for those who are able-bodied, affordable housing would provide such persons with an opportunity for a fresh start. The bottom line is that, to address the homeless population, we must concurrently address the affordable housing shortage in our state. To that end, we must begin to implement the means of market-based solutions, rather than legislating or funding our way through the problem.

A native of Pacifica, Jonathan Madison worked as professional policy staff for the U.S. House of Representatives, Committee on Financial Services, from 2011-2013. [...]

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7.4 - Temple Daily Telegram: [Job fair focuses on veterans](#) (27 July, Janice Gibbs, 157k uvm; Temple, TX)

Plenty of veterans showed up for a job fair Friday at the Olin E. Teague Veterans' Medical Center.

Held quarterly, the job fairs, sponsored by the Therapeutic and Supported Employment Services, have been steadily growing.

Robert Lopez, vocational rehabilitation specialist, said about 40 vendors attended.

Veterans and their immediate family members were invited.

Temple Police Department, McLane Co. Warriors to Wheels, Trident Education, Texas Department of Public Safety, and Troops to Teachers, Verizon Wireless, and Caliber Collision and more companies, schools and organizations were represented at the fair.

The vendors know that their audience is going to be veterans, Lopez said.

"With the veterans you get honesty, flexibility and reliability," he said.

Christine Vela Nemetsky, project coordinator for Troops to Teachers, was at the fair.

"We offer veterans another opportunity to serve again," Nemetsky said. Veterans who decide to participate in the program fill out the application and are walked through the certification process, she said.

"We aren't the certification program, but we work with them, offering guidance counseling, and incentives that help pay for the certification," Nemetsky said.

It's a national program and once a veteran puts in the application for the Proud to Serve Again website they can choose the state they want to teach in.

Nemetsky participated in the Troops to Teachers program 28 years ago.

"I taught in Austin, then I went to Georgetown and then I was a principal in Round Rock," she said.

Larry McBride was representing Heavy Equipment College of America at the job fair.

"We're looking for a local recruiter," McBride said.

The college is looking at getting soldiers and others trained up for a five-year certification to drive heavy equipment, he said.

"This is our first time at this event; we were on Fort Hood yesterday," McBride said.

The jobs require hard work and McBride was looking for anyone who was willing to take the jobs on.

"It's not so much hard physical work, it's sitting on a seat for a long period of time and paying attention," he said. "Attention to detail is important. You can be a great worker or you can lose a \$1 million worth of stuff."

Cody Morris, a veteran in the therapeutic and supportive employment service, talked to McLane's Warriors to Wheels representative.

Morris' marriage took a turn for the worst in 2016 and he was furloughed twice while working as a government contractor, in 2013 and 2016, during the government sequestrations.

"My panic disorder sent me to the hospital and I spiraled all the way down to rock bottom," he said.

Morris said he came to the VA and put his life back together.

"I'm moving onward and upward," he said.

Morris is working as an electrician assistant in the supportive work services program.

"I get paid minimum wage, but it's therapy not employment," he said. "I'm putting together a life again. It's a whole different world from when I started and it's a vastly different world from where I was."

The next job fair will be Oct. 22.

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7.5 - Chillicothe Gazette: [Fresh off WrestleMania appearance, microwrestler Eric Smalls wows veterans at local show](#) (31 July, David Wysong, 154k uvm; Chillicothe, OH)

Veterans at the Chillicothe VA Medical Center were given a large show by a micro-performer over the weekend.

A group of eight professional wrestlers performed for the veterans Saturday afternoon, with Eric Smalls — who was in the WWE's WrestleMania 34 and stands at four-feet-six-inches-tall — being one of the headliners.

"It was like being a kid again," said Marine veteran Chuck Bowers. "My little brother and I used to watch, on the black and white TV, the old-time wrestling, and we used to holler and scream ... I got into hollering and screaming with these guys."

Smalls is no stranger to wrestling in Ohio as the former Whitehall Ram used to freestyle for them on the mat. Professional wrestling like the WWE and other similar programs have always been a big interest for Smalls, though, as he watched it growing up with his dad, and then eventually became a manager and going to professional wrestling shows at 14.

"My dad got me into wrestling when I was a child," Smalls said. "That was something that stuck with me, and when he passed away when I was six, back in 1993, I just kept watching it, watching it, and watching it. I would always go outside on the trampoline and wrestle. Wrestling was life."

Smalls then began wrestling at shows around the age of 20 and has been on the come up ever since. The culmination of all his work came in April, though, when the WWE asked him to be a part of WrestleMania 34.

"It was surreal [at WrestleMania]," Smalls said. "Seeing all the bright lights, seeing all the people that was going to be there. It was like a dream come true. To me, it was like I finally did it."

During Saturday's show in Chillicothe, Smalls was the good guy — also known in wrestling as the face — and he fought the villain, Little Bam Bam — referred to as the heel.

"[Smalls] had a good personality," said 34-year Navy and Army veteran Lowell Sparks. "He didn't really care what Bam Bam said or did, he was going to win no matter what — and he had the personality to go with it. I really liked that."

Wrestling for charity

Smalls has done various charitable shows in the past, so he was excited to perform for the veterans.

"They served our country, and they protected us and made us safe," Smalls said. "I [thought] it would be awesome to do a wrestling show for them and entertain them."

In return, the veterans immensely appreciated Smalls and the other wrestlers coming out.

"We appreciated that a lot," Bowers said. "It took a lot of us back, maybe to our childhoods or to a better time in our life."

The Columbus Chapter of the Knights of Columbus sponsored the event and sponsor various other activities for the veterans throughout the year.

"[Through] the collaboration with our community partners, like the Knights of the Columbus and the other organizations in the area, we're able to facilitate these types of activities and events for our nation's heroes," said Chillicothe VA Medical Center Voluntary Service Chief Gerardo Navarro.

The Knights of Columbus plan to sponsor the wrestling event again next year.

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7.6 - KPAC (NPR-90.1, Audio): [Their Last Fight: Filipino Veterans Make A Final Push For Recognition](#) (1 August, Dorian Merina, 77k uvm; San Antonio, TX)

During World War II, more than a quarter million Filipinos fought alongside American soldiers. Many are still awaiting the recognition promised to them.

Maximo Purisima Young was just 19 years old when he heard President Franklin D. Roosevelt call upon Filipinos to join American forces fighting in the Southeast Asian islands during World War II.

In a clandestine radio broadcast which aired throughout the Philippines, Roosevelt asked Filipinos to "stand firm" along with the U.S. and pledged to "keep that promise" of independence for the U.S. Commonwealth.

"When we heard that, all of us shouted," recalled Young, now 97. At the time of broadcast, he was camped alongside American troops - part of a remote force driven back by the well-armed Japanese army.

"All of us, Americans and Filipinos, were happy; we were shouting," Young said.

Young, a Filipino, spent part of the war on a boat, shipping critical supplies and troops through the treacherous waters around Manila. At one point, he was captured by the Japanese and later escaped. He went on to lead guerilla fighters on the island of Negros, working closely with U.S. forces as they planned their return. His service earned him a Silver Star from the Philippine government.

But when he applied to be recognized by the U.S. government after the war, he was denied.

"When you write for compensation, they tell you that our records are closed," said Purisima Young. "Really, it's frustrating. Very, very frustrating."

A Broken Promise

At least 250,000 Filipinos fought with American forces in World War II. After the notorious Bataan Death march in April 1942 and the withdrawal of most U.S. forces, the fight against the Japanese was left mostly to locals. Ordinary Filipinos hidden in the jungles and mountains led the resistance.

The toll was high: more than a million Filipinos died.

Roosevelt signed a presidential order in 1941 bringing all military forces in the Philippines under U.S. control. But after the war, in 1946, the U.S. Congress passed legislation that stripped recognition from Filipino soldiers. It was called the Rescission Act, and it explicitly barred "rights, privileges, or benefits" from most Filipinos who fought. That same year, the Philippines became an independent nation.

U.S. records, declassified in 1988, show that the military's attempt to document the service of Filipino troops was inadequate and incomplete. It became even more difficult after a 1973 fire destroyed millions of military records, including those of many Filipinos. Tens of thousands of Filipino fighters were shut out.

It's a dark legacy that, for many, continues today.

"They are almost at the end of their lives, and yet they are not receiving anything," said Perla Teves, the daughter of a Filipino veteran and an advocate in Manila with the Filipino War Veterans Foundation.

Out of the quarter-million Filipinos who fought in the war, only about 6,000 are still living in the Philippines, according to the Philippine Veterans Affairs Office, which estimates hundreds could be dying every month.

"All of them are sick, they are living in their twilight years," said Teves. "If the U.S. government still plans to give renumeration to these unrecognized World War II veterans, they better make it fast because time is running out."

A piecemeal approach to reform

Over the decades, the U.S. government has made a few efforts to address the issue. In 1990, President George H.W. Bush signed a law offering citizenship to some Filipinos. In 2009, the Obama Administration provided one-time payments to others: \$15,000 for U.S. citizens and \$9,000 for Filipino citizens. By the end of 2017, \$226 million had been awarded to more than 22,000 people. (Purisima Young was one of them.) But Department of Veterans Affairs records also show that more than half of the applicants who tried to qualify were denied.

The VA notes that some Filipinos do qualify for certain benefits, such as pensions and one-time compensation. And last year, Congress awarded Filipino veterans the Congressional Gold Medal, though the award, usually reserved for civilians, was mostly symbolic.

Critics say this reveals a problem in how the U.S. has addressed the issue: by avoiding a comprehensive approach.

"I think the opposition is primarily fiscal," said Democratic Senator Brian Schatz of Hawaii. He's sponsoring a bill that would recognize the last remaining Filipino veterans. The measure, co-sponsored by Republican Lisa Murkowski of Alaska, would extend recognition to all Filipinos who fought. It would also make it easier for them to prove their service.

Schatz does not yet have a cost estimate, but a more limited bill introduced in 2015 would have cost \$53 million in the first year, according to a Congressional Budget Office estimate.

"These soldiers fought under the American flag because they believed in our shared ideals," said Schatz. "They bled for us and for our ideals and they also fought with us with the understanding that they would be treated like American veterans."

Widows, children carry on the fight

Helen Balani, 87, can remember the heavy bombing near her home in Bukidnon, Mindanao, a southern island in the Philippines.

"We were always scared," she said, saying her parents would scramble to find the kids as planes roared overhead. "My mother shouted, 'Run!'"

At the time, her future husband, Ireneo Balani, joined other young Filipinos and fought as a guerilla in the mountains. He was later recognized by the Philippines government as a Scout, a division of local forces that helped guide U.S. troops through the dense mountainsides. He died in 2004.

Today, Helen Balani lives in Los Angeles in a cramped three-bedroom house she shares with five people, including her daughter and two other World War II widows.

"Our husbands fought with the American army side by side, shed blood together with the Americans during that time, and thousands of our people died together with the American people," said Balani.

As a widow, she receives 5,000 pesos a month from the Philippine government, or about \$100. But so far, she has been denied benefits from the U.S. Lately, Balani has had trouble making rent and fought an eviction notice.

"We are not trying to steal the money of America," she said. "We just want what is due to us."

Balani is not alone. In her neighborhood, known as historic Filipinotown, about a quarter of the Filipino families have a direct tie to a World War II veteran, according to Art Garcia, a community organizer and the national coordinator for Justice for Filipino American Veterans.

"That's the irony of it," said Garcia. "Imagine you fought for a war side by side with Americans and yet you're denied being an American veteran."

Garcia has been working to expand recognition for Filipinos for more than two decades. He said he sees the current legislation in the Senate as the final piece.

"If it is completed, America has paid its dues to the Filipinos," he said.

But he's worked long enough to know that passage is far from certain. The bill currently awaits action in the Senate's Veterans Affairs committee, and though it has garnered bipartisan support, the upcoming election season may make it tough for advocates to keep lawmakers' attention on the issue.

"We will continue fighting for benefits and for recognition," said Garcia. "We will not let up."

How much longer will they fight?

"As long as it takes," he said.

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7.7 - KBSU (NPR-90.3, Audio): [Finding A Solution For Idaho's Homeless Veterans](#) (31 July, Samantha Wright, 70k uvm; Boise, ID)

Many of our veterans come home from active military service to find a lack of resources to help them get settled back into civilian life. As rental prices soar, many veterans are on the verge of homelessness. We take a look at a new initiative that the City of Boise is putting together to find permanent housing for vets.

Further resources:

- Veteran's Homeless Hotline: 1-877-4AID-VET (1-877-424-3838)
- Veteran's Crisis Line: 1-800-273-8255 (Press 1)
- Boise VA Health Care for Homeless Veterans' Program: (208) 422-1000 Ext. 1039 or john.randall.va.gov

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7.8 - The Reporter: [Donation from Vacaville firefighters benefits Sacramento Valley National Cemetery Honor Guard](#) (31 July, Kimberly K. Fu, 67k uvm; Vacaville, CA)

Suited up in full uniform Tuesday, the Sacramento Valley National Cemetery Honor Guard gratefully cemented a partnership with members of another local outfit dedicated to service — Vacaville Firefighters Association Local 3501.

Thanks to a May fundraiser selling specially-designed camouflage shirts, Firehouse Subs in Vacaville donating a percentage of their proceeds and the Vacaville City Firefighters Charity Fund matching contributions, \$2,440 was presented to the honor guard.

"We thank you very much. This is going to go a very long way toward keeping us doing what we do," said Lu Pietrowski with the Honor Guard. "We appreciate everything you do and what you do is amazing."

The money will go toward uniforms, Pietrowski said. Volunteers are provided with a complete uniform, which is expensive. The outfit depends on donations.

Luke Iott, a firefighter/paramedic, came up with the idea to help the Honor Guard.

For the past several Memorial Days, firefighters have held fundraising efforts and donated the proceeds to various causes, advised Firefighter Dave Wonnell.

"We thought, what could we do not just for veterans, but for those who are still serving?" Iott remembered.

Then came the idea of the Honor Guard, who are all volunteers.

"They're still serving our veterans and their families every day," he said.

So in May, the union paid for the shirts, which were sold at Firehouse Subs, and the Charity Fund matched the donations.

Firefighter/Paramedic Randy Titus reminded fellow firefighters that Firehouse Subs also pitched in 15 percent of their food and drink proceeds, adding to the day's take.

Wonnell added that the shirts were so popular they sold out twice.

Another fundraiser, complete with new shirts, is slated for October. The firefighters will be touting breast cancer awareness.

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7.9 - Muskogee Phoenix: [VA provides free care for Military Sexual Trauma](#) (1 August, Patricia Byrd, 63k uvm; Muskogee, OK)

Department of Veterans Affairs (VA) data reveals that about 1 in 4 women and 1 in 100 men veterans experienced Military Sexual Trauma, or MST, during their military service. This includes only veterans enrolled for VA health care.

MST is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment. This includes any sexual activity where a servicemember is involved against his or her will, unable to consent to sexual activities or physically forced into sexual activities.

Research has shown that sexual trauma is more likely to cause Post-Traumatic Stress Disorder (PTSD) than any other type of trauma, including combat.

Servicemembers are more likely to experience PTSD symptoms due to MST than civilians. This can be the result of survivors being deployed far from family and social support and continued exposure to the offender if not reported. The servicemember may also experience a feeling of betrayal if the offender is a fellow servicemember.

Other common mental health issues include depression, anxiety, problems with drugs and alcohol, insomnia, nightmares, intense emotions, eating disorders, and feelings of detachment from others. This is not a complete list of symptoms and every individual responds differently.

Health problems related to MST can also include sexual difficulties, chronic pain, weight or eating problems, and/or stomach problems.

Fortunately, MST-related services are available at every VA medical center. Nationwide, there are more than 24 VA residential/inpatient programs that range from four to eight weeks.

Locally, the Eastern Oklahoma VA Health Care System has a specialty team and treatment program that provides services to those who experienced MST. Services include assessment, individual and group therapy, peer support and medication management.

All treatment for physical and mental health conditions related to experiences of MST is free. Veterans do not need to be service-connected. Veterans may be able to receive this benefit even if they are not eligible for other VA care.

If you have any questions about MST, please call Patricia Byrd, Ph.D., MST Coordinator, at (918) 577-3443.

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7.10 - Finger Lakes Times: [Canandaigua VA hosts retreat](#) (31 July, 53k uvm; Geneva, NY)

CANANDAIGUA – The Department of Veterans Affairs Medical Center, 400 Fort Hill Ave., recently hosted a women veterans retreat at the Equicenter.

Attended by 10 women, the event focused on self-care and strengthening the community of women veterans.

Activities included journaling, mindfulness activities, Reiki meditations and horsemanship.

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8. [Other](#)

8.1 - The Daily Caller (Video): [The Bible Trump's New Va Secretary Chose To Be Sworn In On Tells You Everything You Need To Know](#) (31 July, Benny Johnson, 12M uvm; Washington, DC)

President Trump swore Robert Wilkie in as Veterans Affairs secretary Monday at the White House.

Fixing the broken VA health system is a campaign promise Trump made in 2016 during the election. Trump has signed legislation allowing greater flexibility for veterans seeking health.

During the swearing-in ceremony, Trump said of Wilkie:

Robert Wilkie is the proud son of an Army veteran, an artillery officer raised on the base at Fort Bragg, North Carolina. That's a great place. On his daily walk to high school with the woman who is now his wife, he passed by the Fayetteville VA hospital, which bore the inscription: "The Price of Freedom is Visible Here." It made a big impact. It was a price Robert saw firsthand through his own father, who was gravely injured in combat during the Vietnam War.

Robert went on to serve as an officer in both the Air Force and the Navy, then as Assistant Secretary of Defense for Legislative Affairs, and as Under Secretary of Defense for Personnel and Readiness. Robert also serves with distinction as Acting Secretary of Veterans Affairs.

During the swearing-in ceremony, Wilkie produced a worn-looking Bible. The Bible had an incredible story to it, which Wilkie shared with his audience.

"The Bible that I will take my oath on reminds me of the 100th anniversary of the end of the war to end all wars," Wilkie said, referring to WW1, "It was a Bible taken into battle by my wife's grandfather who had probably never ventured beyond three or four counties in North and South Carolina. But by the time he was 18, he was marching up the Champs-Élysées into the cauldron of the Meuse-Argonne."

Wilkie continued, telling the story of ordinary Americans who fought gallantly in the war:

On another part of that battlefield was a young captain of field artillery — my great-grandfather — who left a small-town law practice in Cleveland, Mississippi, to join up with the All American Division, which, by the way, had a reluctant soldier, a scratch farmer from Pall Mall, Tennessee by way of Buncombe County, North Carolina, who would not only earn the Medal of Honor but go on to be the greatest hero of that war. Private Onslow Bullard, Captain A.D. Somerville, and Sergeant Alvin York — ordinary Americans called upon to do extraordinary things. It is their ... descendants whom we are honored to serve. Millions of ordinary Americans who have answered a special call for us.

Mr. President, I am humbled by your confidence. I am humbled by the prospect of serving those who have borne the battle, those American men and women who have sacrificed so much.

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8.2 - NBC News: [Trump silent on Mueller at Tampa rally](#) (1 August, Jonathan Allen, 9.6M uvm; New York, NY)

A key member of President Donald Trump's gallery of personal villains was missing when he campaigned here Tuesday night: special counsel Robert Mueller.

The federal prosecutor investigating the Trump operation's ties to Russia and possible obstruction of justice was noticeably absent from the president's stump speech on the day former Trump campaign chief Paul Manafort went on trial in Virginia.

Often, Trump invokes the probe — which he calls a "witch hunt" — to rally crowds at his political events. He also tweets frequently about the investigation, and about Mueller personally, and peppers official remarks with broadsides against both.

The heat of the Mueller probe has been turned up this week, both because of the start of the Manafort trial and because Trump has begun moving the goalposts on what might be considered criminal activity. While he used to say that "there was no collusion" between his team and Russia during the 2016 election, he switched this week to arguing that "collusion is not a crime."

And in previous legal battles — most notably, over his original travel ban policy — Trump has found his public statements can be used against him in court.

On Tuesday, as he campaigned in Florida for his own re-election and for Republican candidates, including current Gov. Rick Scott, who is challenging Democratic Sen. Bill Nelson, and Ron DeSantis, who is seeking the GOP's gubernatorial nod, he added nothing to the litany of complaints he has lodged against Mueller and the special counsel's legal team.

Trump played most of the rest of his greatest hits against perceived enemies: He called out House Minority Leader Nancy Pelosi, Rep. Maxine Waters, D-Calif., Sen. John McCain, R-Ariz., the "fake news" and people who don't like Christmas.

In some cases, his condemnations were false.

For example, he accused Democrats of opposing legislation he signed that makes it easier for officials at the Department of Veterans Affairs to be fired.

"If somebody treated our veterans badly ... you couldn't say 'You're fired,' he said. "Now you can say you're fired."

"We had no help — very little — from Democrats," he said. "Not because it's not right, but because they don't want to give Trump any victory."

The Senate passed the bill unanimously, and it was co-sponsored by Nelson, whom Trump campaigned against Tuesday night. In the House, it passed with 137 Democrats voting in favor and 54 voting against.

The issue is particularly poignant in Florida, which is home to more than 1.5 million veterans, and for Nelson, who served on active duty during the Vietnam War.

But the crowd here — as boisterous as any at a recent Trump rally — didn't seem to notice or care much about the details. Hours before Trump arrived, they chanted "C-N-N sucks." Later, they rewarded the president with rounds of "build the wall" and "lock her up" when he mentioned his push for a border barrier and his 2016 opponent, Hillary Clinton, respectively.

The only addition to the standard stump speech he's delivered across the country in recent weeks was the number 4.1 percent. That's the Commerce Department's tabulation of second-quarter GDP growth for the country, a four-year high. The number was rolled into Trump's standard rhetoric about the economy under his watch, including a robust stock market and low unemployment.

Those lines will become familiar to Americans over the course of the next few months, as Trump has promised to campaign for GOP candidates six or seven days a week between Labor Day and the midterm elections in November.

His next stop is Thursday in Wilkes-Barre, Pennsylvania — a state that, like Florida, he won narrowly in 2016.

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8.3 - PolitiFact: Fact-checking Donald Trump's rally in Tampa with Ron DeSantis (31 July, Katie Akin, John Kruzel, and Amy Sherman, 3.2M uvm; Saint Petersburg, FL)

At a campaign-style rally in Tampa, President Donald Trump threw his support behind Republican Congressman Ron DeSantis' bid to take the Florida governor's mansion.

DeSantis faces Agriculture Commissioner Adam Putnam in the Aug. 28 Republican primary. Multiple Democrats are also competing in a primary to succeed term-limited Republican Gov. Rick Scott, who is challenging Florida's only statewide elected Democrat, U.S. Sen. Bill Nelson.

Trump offered kind words for DeSantis and Scott, while he knocked Nelson for supporting the Affordable Care Act and for, in Trump's view, putting "criminal aliens over American citizens."

During the rally, Trump made several statements — many misleading or flat-out wrong — about Republican tax cuts, his popularity, progress on the U.S. border wall with Mexico, and trade. Here's our rundown (with a bit about what he got right at the end).

"They just came out with a poll, did you hear? The most popular person (in) the history of the Republican party is Trump! ... So I said, does that include Honest Abe Lincoln?"

To his credit, Trump is very popular among Republicans: His approval rating within his own party has ranged from 84 percent to 90 percent since mid April 2018. The latest Gallup data shows Trump currently enjoys an 87 percent approval rating from Republicans.

However, his claim is misleading on two grounds.

First, scientific opinion polls were first designed and deployed in 1935. That's 70 years after Honest Abe's assassination, so Trump's name-check of Lincoln is spurious.

Second, as we noted in a previous fact-check, Trump's approval rating at this point in his presidency ranks roughly in the middle of the post-World War II Republican presidents. Using alternative measurements — including his highest rating during his entire tenure — his support among Republicans was actually worse than every post-war Republican president except for Gerald Ford.

"In some states, Democrats are even trying to give illegal immigrants the right to vote."

Giving undocumented immigrants the right to vote has been limited to some municipal elections. The right does not extend to federal office, by law.

Currently no states allow non-citizens to vote in state elections. There are a handful of localities that allow it for local elections or even more specifically school board elections, including San Francisco, Chicago (school board), and a handful of Maryland cities, said University of Kentucky law professor Joshua A. Douglas.

A few cities in Massachusetts have passed or are debating local laws to allow non-citizens to vote in local or school board elections. But Massachusetts law requires the state Legislature to approve these local expansions of the right to vote.

Starting in the 2018 November elections, non-citizens in San Francisco will be allowed to vote for board of education members. Takoma Park, Md., in 1992 adopted a measure permitting non-citizens to vote in city elections. Some other Maryland cities including College Park also allow non-citizens to vote in city elections. But non-citizens in those cities cannot vote in other elections.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 states it's unlawful for noncitizens to vote for candidates seeking federal offices, such as the presidency or a seat in

Congress. But it's not illegal for noncitizens to vote for local offices if it's allowed by a state constitution, statute or local ordinance.

"By the way, outside, if you want to go, we set up for the first time a tremendous movie screen, because we have thousands and thousands of people outside that couldn't get in."

Trump's claim is not true, per a reporter stationed outside the venue.

According to the Tampa Bay Times, "There were no massive TV screens and no JumboTrons outside of the Trump rally in Tampa on Tuesday, like President Donald Trump said there was."

The president's claim that there were "thousands and thousands of people outside that couldn't get in" also appears to exaggerate things. The Times placed the figure in the hundreds. It also noted the presence of some "150 protesters and counter protesters."

"We've taken the toughest ever actions in response to China's abusive trade practices. ... This has been too many years of abuse. \$500 billion a year, \$500 billion."

Trump overstated the United States' trade deficit with China — by no small sum.

A country's trade balance is the difference between the value of its imports and exports. When imports outstrip exports, a trade deficit results.

In 2017, the value of Chinese goods imported to the United States exceeded American goods exports to China by roughly \$375 billion. Over that same period, the United States actually ran a \$38.5 billion surplus on services trade with China.

Overall, in terms of both goods and services, the United States trade deficit with China in 2017 was around \$336 billion. So Trump is off by roughly \$164 billion.

"We've already started the wall. We've got \$1.6 billion and we've started large portions of the wall."

It is misleading to state that the work has already started on the type of wall he promised during the campaign.

Trump has secured \$1.57 billion for barriers along the southwest border — advancing his promise to secure the border but falling significantly short of his desired \$25 billion for a promised border wall.

The \$1.6 billion authorized by Congress allows for the replacement of the old fencing, but not for the construction of any sort of concrete wall prototype as Trump requested.

The projects underway include arrays of steel posts, between 18 and 30 feet high, that allow border patrol agents to see through. The planning for at least some of these projects, which will replace shorter scrap metal fencing, started long before Trump ran for office. Congress agreed to pay for them under Trump's administration.

"Every day, the brave men and women of ICE are liberating communities and towns from savage gangs, like MS-13, that are occupying our country like another nation would."

Trump's far-reaching assertion lacks evidence.

The use of "liberating" suggests that communities had been under the rule or full control of the MS-13 gang. But neither the White House or ICE have named such towns. Experts on sociology and gang research have told PolitiFact they were unaware of U.S. towns that have been wholly controlled by the gang. They said Trump's wording sounded like politically charged hyperbole.

MS-13 targets immigrant communities and has a large presence in New York, Virginia, and the Washington, D.C., metropolitan area. ICE investigators have arrested hundreds of MS-13 gang members.

Trump said that prior to a June 2017 law, "if somebody treated our veterans badly ... we couldn't do anything about it. ... Now you can say you're fired."

Trump's claim greatly exaggerates the impact of the Veterans Affairs Accountability and Whistleblower Protection Act, a bipartisan bill he signed into law in June 2017.

The measure is designed to make it easier to fire underperforming workers at the Department of Veterans Affairs. It created new protections to shield whistleblowers from retaliation, and quickens the process for removing problem employees.

But the notion that it was impossible to fire VA workers prior to the legislation is simply wrong.

An analysis of federal government employment data by our friends at FactCheck.org found a 27 percent increase in the number of firings after the law's passage. However, that analysis also showed that the VA fired an average of 2,300 employees annually prior to Trump taking office.

"We passed the biggest tax cuts and reform in American history. Biggest cuts in history."

There's no question that the tax bill Trump signed is a significant piece of legislation. But even by estimates most favorable to the president, we found the Trump tax cut is exceeded in size by other historical examples.

In inflation-adjusted dollars, the recent tax bill is the fourth-largest since 1940. And as a percentage of GDP, it ranks seventh.

Some of Trump's talking points were accurate:

Gross domestic product grew by 4.1 percent last quarter.

Roughly 3.7 million jobs have been added since Trump's election in November 2016.

Hispanic unemployment rates are at an historic low.

African-American and Asian unemployment rates reached their lowest levels in May 2018, though both rates have gone back up slightly since then.

The United States is a net exporter of natural gas for the first time in 50 years.

More than 100 utilities cut their rates after the tax bill passed.

The United States is in the longest positive job growth streak in history. (The streak that started under President Barack Obama's watch.)

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8.4 - Patch.com (Hillsborough): Somerset Doctor Gets 20 Months For Defrauding Veterans Affairs (31 July, Alexis Tarrazi, 1.2M uvd; New York, NY)

SOMERSET, NJ — A cardiologist from Somerset was sentenced Tuesday to 20 months in prison for defrauding the Veterans Affairs program more than 350 times by billing for services he never performed, U.S. Attorney Craig Carpenito announced.

Apostolos Voudouris, 44, previously pleaded guilty in August 2017 before U.S. District Judge William H. Walls in Newark federal court to an information charging him with health care fraud.

Voudouris also entered into a civil settlement agreement with the government, under which he will pay \$476,460 to resolve the government's claims under the False Claims Act.

Voudouris, a physician specializing in cardiology and electrophysiology, began providing services to eligible veterans at the Veterans Affairs Medical Center in East Orange, pursuant to his contract with the Department of Veterans Affairs (VA) in 2006.

On more than 350 occasions between 2011 and 2015, Voudouris claimed he performed procedures he had not actually performed. By doing so, Voudouris fraudulently received \$238,230 from the VA, he admitted.

In addition to the prison term, Walls sentenced Voudouris to two years of supervised release and fined him \$7,500. As part of his plea agreement, Voudouris must pay restitution of \$238,230 to the VA in addition to the \$476,460 civil settlement, for a total of \$714,690.

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8.5 - The American Conservative: Veterans Hit a Breaking Point With Trump (31 July, Mark Perry, Washington, DC)

There are hundreds of local, state, and national organizations representing veterans, but there are only four that really matter: the American Legion, Disabled American Veterans, the Veterans of Foreign Wars (VFW), and the newest, the Iraq and Afghanistan Veterans of America (IAVA). These organizations are the 400-pound gorillas of the veterans movement: they have the numbers, power, and money, and they know how to throw their weight around. So it is that candidates scramble for the veterans' vote by targeting this quartet, meeting with their local chapters, state conferences, and national conventions—like the VFW's recent confab in Kansas City where last Tuesday Donald Trump appeared to what he thought would be a raucous welcome.

It wasn't.

While the cameras focused on a crowd that seemed composed of over-the-top Trumpinistas, a number of those attending the speech say there was a more tepid response to his message

than the cameras captured—and a much more uneven reception to his patented call-out of the assembled media. Trump's press attack came in the midst of a defense of his trade policies, which had recently been blamed for costing jobs and dampening farm profits. Trump is nothing if not a counter-puncher, so halfway into his speech he turned to the subject of international trade.

"Oh, folks," he intoned, "stick with us, stick with us," and then pointed to the back of the room and the members of the media. "And don't believe the crap that these people, the fake news..." and he left it at that. There were boos in the room, and some in attendance turned to the cameras. This was red meat for Trump: "I mean, I saw a piece on NBC today. NBC—not just CNN," he said, continuing: "CNN is the worst...but I saw a piece on NBC—it was heart-throbbing. They were interviewing people—they probably go through 20, and then they pick the one that sounds like the worst. But they went through a group of people. In fact, I wanted to say, 'I got to do something about this Trump,'" the president joked. The crowd laughed and the boos persisted.

It was a moment the VFW would like to forget, for even as Trump moved on, worries about the incident were rippling through the VFW's leadership. "It wasn't courteous and it's not the way our organization treats our guests," Joe Davis, the VFW's director of public affairs, said in a telephone interview. Davis also soft-pedaled the crisis that it caused in the VFW leadership, explaining that this wasn't the first time that a presidential appearance had generated controversy. But there is, of course, another side to the story. "The fact is that not everyone in the room booed," a veteran who watched the Trump speech told me. "There were people there who just sat on their hands. That's the truth. You should print that."

Davis didn't disagree, but he steered clear of the topic: "It was an unfortunate incident," he said, "but I wouldn't want to guess who booed and who didn't. I'll just repeat: the media were there as our guests and it's our job to be good hosts." Davis then pointed out that VFW spokeswoman Randi Law had issued an apology on behalf of the organization almost immediately after Trump finished his remarks. "We were disappointed to hear some of our members boo the press," Law said. "We rely on the media to help spread the VFW message, and CNN, NBC, ABC, FOX, CBS, and others on site today were our invited guests. We were happy to have them there."

In fact, as any number of veterans' advocates point out, the VFW leadership was particularly sensitive to the boos because they know it was the press that made the treatment of veterans an issue in the 2016 campaign, which Trump used to fuel his populist message. In February 2007, The Washington Post published an exposé by Dana Priest and Anne Hull of the shoddy treatment of combat veterans at Walter Reed Army Medical Center. When I mentioned the Priest-Hull story to Davis, he leapt on it: "And that's not the only one like that," he said. "Don't forget the Arizona Republic's series on the wait times at the VA Medical Center in Phoenix"—a front-page scandal that roiled the Obama administration, spurred calls for widespread reforms of the Veterans Administration, and cost VA Secretary Eric Shinseki his job.

Which is why the booing in Kansas City was a hot topic in Washington and the subject of a high-profile Martha Raddatz piece in The Washington Post on the day following Trump's Kansas City appearance. Raddatz, a highly respected defense reporter, called out the VFW. "Have those veterans who booed and taunted the media in response to Trump's cue forgotten that some members of the press corps are combat veterans?" she asked. "Have they forgotten that there are members of the press who continue to cover the military after suffering life-altering injuries while at the side of our courageous service members? Have they forgotten that since the wars

in Afghanistan and Iraq began, hundreds of journalists have given their lives for their work, many times while reporting from U.S. war zones?"

Meanwhile, at least part of the reason that a large number of VFW members decided not to boo the press in Kansas City is because they know that during the Iraq war Donald Trump was nowhere to be seen. Then, too, many VFW members—"I would say about half of them," Joe Davis told me—are veterans of the Vietnam conflict in which Trump did not serve. More bluntly, while many in the audience in Kansas City had been slogging through Vietnam's jungles, Donald Trump was sitting at home with bone spurs.

In one sense it's not a surprise that some VFW members would support baiting the media. After all, two out of every three veteran votes in the 2016 election went to Trump. The VFW also has a reputation for being the nation's most conservative veterans' organization. Back in 2016, the VFW pointedly took on Trump nemesis Barack Obama who, in a speech in Elkhart, Indiana, suggested that conservatives were seeding conspiracy theories and political falsehoods "on cable news stations, on right-wing radio," as he phrased it. "It's pumped into cars and bars and VFW halls all across America, and right here in Elkhart." The VFW responded with an angry statement. "I don't know how many VFW Posts the president has ever visited," the organization's national commander said, "but our near 1.7 million members are a direct reflection of America, which means we represent every generation, race, religion, gender, and political and ideological viewpoint."

But what was true for 2016 is true still: veterans don't like being lectured to by Trump or anyone else—and particularly when it comes to the VA's medical services, what Vietnam combat medic Wayne Smith calls "the third rail of veterans' politics." "There's real worry among veterans' groups that Trump wants to privatize the VA," he says. "That would be betrayal number one. It's the one issue that could bring the veterans' community together, that would unite it."

Smith, a life-long veterans' advocate, is a member of the board of directors of Iraq and Afghanistan Veterans of America (IAVA), which is non-partisan but leans more progressive. Smith noted that even after the VFW shifted the venue of the president's speech from the convention center to a smaller auditorium, the president was still greeted by plenty of empty seats. "I think that veterans are starting to see who this man really is," he told me by telephone, "and they're beginning to worry. For a lot of veterans, this is about the oath we took—to preserve, protect, and defend the constitution. We've reached a limit. A lot of veterans take the president's rhetoric at face value, but a lot less so now than before. And not on Russia, not on the VA—and not on the press."

There is little question that Trump views his VFW appearance as a triumph, confirming that his support among America's veterans is solid. But that is clearly not the case: for all those who booed the press at Trump's urging, there were others who decided to be elsewhere, or to remain silent. When future political historians determine when Trump's base "reached its limit," they are likely to cite last Tuesday as that moment. In which case, history will confirm what is now becoming obvious: Kansas City wasn't a triumph, it was a mistake.

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<vamediaanalysis@barbaricum.com>
To: Barbaricum VA Media Analysis
</o=va/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=barbaricum va media
analysis4d9>
Cc:
Bcc:
Subject: [EXTERNAL] 4 August Veterans Affairs Media Summary and News Clips
Date: Sat Aug 04 2018 04:28:14 CDT
Attachments: 180804_Veterans Affairs Media Summary and News Clips.docx
180804_Veterans Affairs Media Summary and News Clips.pdf

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Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

4 August 2018

1. Top Stories

1.1 - FOX News: New VA secretary warns Trump's signature program could collapse without fix (3 August, Jennifer Griffin and Lucas Tomlinson, 32.5M uvm; New York, NY)

President Trump's newly installed Veterans Affairs secretary, in his first interview since taking office earlier this week, sounded the alarm about the need to fix a critical program allowing veterans to see local private doctors instead of driving long distances to a VA hospital.

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1.2 - FOX News (Video): Secretary Wilkie leads embattled Veterans Affairs Department (3 August, 32.5M uvm; New York, NY)

On 'Special Report,' the newly sworn in Veterans Affairs secretary talks to Jennifer Griffin about the challenges he faces.

[Hyperlink to Above](#)

1.3 - FOX News (Video): VA Secretary Robert Wilkie faces his toughest assignment yet (4 August, 32.5M uvm; New York, NY)

Jennifer Griffin speaks with the newly sworn in Veterans Affairs secretary about how he hopes to fix an unwieldy bureaucracy that is supposed to serve nine million veterans.

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1.4 - Military.com: New VA Secretary Wilkie Puts 'Forever GI Bill' Expansion Into Effect (3 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs has begun implementing new provisions of the Harry W. Colmery Educational Assistance Act of 2017, better known as the "Forever GI Bill." In one of his first actions since taking the oath of office Monday, new VA Secretary Robert Wilkie said the provisions to expand GI Bill coverage were put into effect Aug. 1.

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1.5 - WFED (AM-1500, Audio): Accountability office says VA struggling to track misconduct, protect whistleblowers (3 August, 854k uvm; Washington, DC)

When it comes to dealing with employee misconduct, the Veterans Affairs Department falls short in a couple of ways. It has trouble tracking misconduct because of scattered data gathering systems. It's inconsistent in how it deals with miscreant employees, especially senior people. As for whistleblowers, VA might be "retaliationville."

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1.6 - The Grand Island Independent: Forced move to Kearney is cruel (3 August, 191k uvm; Grand Island, NE)

I ask that all who have not read Cathy Howard's Aug. 1 letter to the editor regarding veteran Fred Northup and his wife, Donna, get a copy of the paper and pass it to all you know. I am sure that I am not the only one outraged by this. I also ask that all that are angered write to the editor in support of the Northups' plight.

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2. Greater Choice for Veterans

2.1 - Fortune, ProPublica: Steve Cohen Is Spending Millions to Help Veterans. Why Are People Angry? (3 August, Isaac Arnsdorf, 7.7M uvm; New York, NY)

Veterans Network was opening a chain of free mental health clinics across the country, backed by \$275 million from hedge fund billionaire Steve Cohen. By contrast to the high-profile scandals at the U.S. Department of Veterans Affairs, the Cohen Network claimed 96 percent client satisfaction.

[Hyperlink to Above](#)

2.2 - Auburn Journal: Fix, fund and fully staff the VA (3 August, Carroll Nast, 149k uvm; Auburn, CA)

Veterans For Peace joined Indivisible Auburn July 20 to display large banners to east-bound I-80 traffic with the messages: "Save our VA" and "Vets say no to privatization." Of us veterans using the VA health care, 80 percent want Congress to fix, fund and fully staff the VA, not privatize it.

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3. Modernize Our System

3.1 - KAIT (ABC-9): VA clinic now open daily in Pocahontas (4 August, 194k uvm; Jonesboro, AR)

An outpatient clinic for the VA is now open daily in Randolph County, with officials working to offer healthcare services to a large portion of the region. A ribbon cutting was held Friday for the clinic, located at 300 Camp Road in Pocahontas. The clinic is part of the John J. Pershing VA Medical Center in Poplar Bluff.

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3.2 - Public Opinion: Watertown VA clinic to move, expand (4 August, J.T. Fey, 80k uvm; Chambersburg, PA)

The veterans clinic in Watertown will be moving and expanding during the next 14 months. The Watertown vets clinic will be moving into the former Ace Hardware building at 12 19th St. NE. The clinic will share the building along with its current resident, Snap Fitness.

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3.3 - Kokomo Tribune: VA set to host benefits fair at Peru library (4 August, Carson Gerber, 77k uvm; Kokomo, IN)

VA Northern Indiana Healthcare System is hosting a benefits and enrollment fair in Peru. The event will run from 5 to 7 p.m. Wednesday at the Peru Public Library, 102 E. Main St. Groups from the Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration, county veteran service officers and National Cemetery Administration will all be in attendance, as well as other veteran groups.

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4. Focus Resources More Efficiently

4.1 - The Hill: [It's difficult, but not impossible, to legislate the toxic VA culture](#) (3 August, Rory E. Riley-Topping, 11.8M uvm; Washington, DC)

If something seems too good to be true, then it probably is. This is especially true when it comes to the federal government, an institution that seemingly has an often times well-deserved reputation for overpromising and under-delivering. That's why, when the president initially created the VA Office of Accountability and Whistleblower Protection via Executive...

[Hyperlink to Above](#)

4.2 - Newsmax: [New VA Secretary Robert Wilkie Holds Promise for America's Veterans](#) (4 August, Van Hipp, 10.8M uvm; Boca Raton, FL)

Last week President Trump lauded his recently confirmed Secretary of Veterans Affairs Robert Wilkie before the Veterans of Foreign Wars (VFW) National Convention, and with good reason. Simply put, Wilkie is one of the president's best appointments.

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4.3 - The Oklahoman: [Navy veteran: Medical cannabis for veterans is prudent policy](#) (3 August, Nick Etten, 3.8M uvm; Oklahoma City, OK)

America's veterans could soon be granted legal access to medical cannabis. Members of a House-Senate conference committee will meet in the coming weeks to finalize funding for the Department of Veterans Affairs for fiscal year 2019. These lawmakers can save veterans' lives by adopting language already approved by the Senate authorizing VA physicians to recommend medical cannabis to patients in states where it is legal.

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4.4 - The Oklahoman: [OU repays the Oklahoma City VA about \\$14,000 after federal report](#) (3 August, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

The University of Oklahoma has repaid the Oklahoma City VA Health Care System more than \$14,000 after a federal report found medical residents were paid for times when they were not working.

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4.5 - Military Times: [Commentary: Strides made on VA reforms, but there's more work to do](#) (3 August, Sen. Johnny Isakson (R.-Ga.), 2.1M uvm; Springfield, VA)

America is the greatest country in the world because of those who have put their lives on the line to defend it, and we have an obligation to serve those who have served us. As chairman of the Senate Committee on Veterans' Affairs, I am committed to helping ensure that our veterans who have borne the battle receive quality care and services they can count on.

[Hyperlink to Above](#)

4.6 - WFAA (ABC-8, Video): [Cannabis converts helping North Texas veterans find relief](#) (3 August, Teresa Woodard, 2.1M uvm; Dallas, TX)

Cannabinoid oil, legal to use but not easy to get in Texas, is showing promise in helping veterans manage chronic pain and anxiety. It is not marijuana, but cannabinoid oil, known as CBD oil, is derived from cannabis. Because of that, the Veterans Administration cannot prescribe it, or help veterans get it. So, someone else is stepping in.

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4.7 - The Times of Northwest Indiana: [Blind veteran from Valparaiso helps spur changes at the VA](#) (3 August, Giles Bruce, 1.1M uv; Munster, IN)

Every time Mike O'Dette tried to fill a medication over the phone with the Veterans Affairs pharmacy, he would be instructed to type in the prescription number. The problem was, he's blind. So the Navy veteran from Valparaiso decided to bring the issue up at a VA town hall meeting in Portage, not to complain but to suggest a way to help hundreds of patients.

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4.8 - WZTV (FOX-17): [Family of Ft. Campbell soldier paralyzed by sniper voices frustration with VA, military](#) (3 August, Adrian Mojica, 484k uvm; Nashville, TN)

The family of a Ft. Campbell soldier who suffered a life-changing injury during combat is sharing their frustration with the Department of Veterans Affairs as they try to keep their son alive and the family together.

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4.9 - Watertown Daily Times: [New studies needed: Feds should allow additional research into effects of marijuana](#) (3 August, 199k uvm; Watertown, NY)

There's obviously something about marijuana that alleviates the pain of various health conditions. And more states have recognized this phenomenon and passed laws to accommodate those who seek help: 30 states and the District of Columbia now permit the use of medical cannabis.

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4.10 - WTVY (CBS-4, Video): [Daleville veterans talk health care at town hall](#) (2 August, Zach Wilcox, 44k uvm; Dothan, AL)

Veterans in Daleville had the opportunity to speak their minds Wednesday. The Central Alabama Veterans Health Care System hosted an open town hall at the Daleville Cultural and Convention Center. Some of the biggest issues that came up were the no-show campaign and the fresh eyes survey.

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5. [Improve Timeliness of Service](#)

5.1 - The Marietta Times: [Patients tell doctors they need more](#) (3 August, Michael Kelly, 74k uvm; Marietta, OH)

About 100 people, most of them medical professionals and many of them standing, packed the ground-floor conference room in the Strecker Cancer Center at Marietta Memorial Hospital on Thursday for a town hall meeting about cancer.

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5.2 - WGXA (ABC-24): [Georgia congressman tour one-star VA medical center in Dublin](#) (4 August, 62k uvm; Macon, GA)

On Friday congressman Rick Allen of Georgia's 12th district visited the Carl Vinson VA Medical Center in Dublin. The center has a one star rating and congressman Allen said he wants to do something about that. He said that by providing a comprehensive plan for the center he hopes it'll get a higher rating in the future.

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5.3 - Union-Bulletin: [VEText newest veteran's tool](#) (2 August, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

A new tool came over the horizon at the request of veterans. The Jonathan M. Wainwright Memorial VA Medical Center has also added a new tool called VEText, which allows veterans to receive upcoming appointment reminders on their cell phones.

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6. [Suicide Prevention](#)

6.1 - The Modesto Bee (Video): [Modesto veteran doesn't want his 'invisible injuries' to be the death of him](#) (3 August, Deke Farrow, 841k uvm; Modesto, CA)

At his lowest points, just a few things have kept Army veteran Eli Price from committing suicide, he said: the thought of causing his mother that pain; not wanting his Army friends, who've already seen so many of their number kill themselves, to endure another loss; and not knowing what, if anything, comes afterward.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Stars and Stripes (Tribune News Service): [He wanted to be buried in a veterans cemetery. But there is no space available in Raleigh and elsewhere](#) (3 August, Anna

Johnson, 1.5M uvm; Washington, DC)

Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery. When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina.

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7.2 - WFLA (NBC-8, Video): [V.A. attempts to swamp bill extending Agent Orange benefits to Navy veterans](#) (3 August, 692k uvm; Tampa, FL)

The Department of Veterans Affairs tried to torpedo efforts to expand Agent Orange benefits to tens of thousands of Vietnam War Navy veterans.

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7.3 - The Fayetteville Observer: [Our View: Veterans cemetery will expand; give Silent Sam a new home](#) (3 August, 439k uvm; Fayetteville, NC)

Merit: For the nearly \$6 million grant from the U.S. Department of Veterans Affairs that will help expand and improve the Sandhills State Veterans Cemetery, which sits between Spring Lake and Fort Bragg along N.C. 210.

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7.4 - The Herald-Dispatch: [Agritherapy for veterans coming to Huntington](#) (3 August, Bishop Nash, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will devise and pilot a new program to provide military veterans with agricultural training, aided by a \$400,000 grant from the U.S. Department of Veteran Affairs' Office of Rural Health.

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7.5 - Florida Politics: [Miami-Dade County announces virtual end to veteran homelessness](#) (3 August, Ryan Nicol, 157k uvd; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness. A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust.

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7.6 - Guam Pacific Daily News (Video): [Some veterans got Agent Orange benefits, many more still waiting](#) (4 August, Haidee V. Eugenio, 141k uvm; Hagatna, GU)

Navy veteran Lonnie Kilpatrick received a letter in April from the Department of Veterans Affairs, reversing its previous decision and approving Agent Orange benefits for him. Kilpatrick was stationed on Guam during the Vietnam War, according to retired Marine Brian Moyer. Moyer is lead organizer for the Agent Orange Survivors of Guam.

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7.7 - KFOX (FOX-14, Video): [Local veteran goes from homelessness to home-ownership](#) (4 August, Michael Ikaahifo, 92k uvm; El Paso, TX)

A local veteran has gone from being homeless to owning her first home in El Paso. Cholla Fox served in the U.S. Army for more than 25 years. After leaving the military, she struggled to find a permanent place to live. "Sometimes there are financial problems. Even though you are military, you don't get paid a lot," said Fox.

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7.8 - Times-Herald: [Mare Island Cemetery advocates slam VA official for objecting to taking the site over](#) (3 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

There may be a glitch in the plan to get the United States to hand the crumbling Mare Island Naval Cemetery over to the Veterans Administration for repair and upkeep. At a key committee meeting on Aug. 1, where testimony in favor of Senate Bill (S. 2881) by Sen. Dianne Feinstein was entered into the record, along with statements of support by the American Legion, a VA official entered a statement opposing the idea.

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8. Other

8.1 - Telegram & Gazette: Leominster woman admits stealing \$300K in Social Security, veterans benefits (3 August, 653k uvm; Worcester, MA)

A Leominster woman pleaded guilty Friday to stealing more than \$300,000 in Social Security and Veterans Affairs benefits, U.S. Attorney Andrew E. Lelling announced. Joyce Progin, 71, pleaded guilty Friday in federal court in Worcester to two counts of theft of public funds.

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8.2 - WRIC (ABC-8, Video): New VA policy endorses animal adoption but may not save McGuire dogs (3 August, Kerri O'Brien, 477k uvm; Richmond, VA)

A new policy says animals used in VA research projects will no longer have to live out their lives in a lab but 8News finds it still might not save those dogs at McGuire VA Hospital. The VA's policy recently published and shared with the USDA is the first-ever federal policy encouraging the adoption of animals no longer needed in medical research.

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8.3 - WNEP (ABC-16, Video): Veteran Receives Medals at Wilkes-Barre VA Medical Center (3 August, Jessica Albert, 320k uvm; Moosic, PA)

A local veteran received two medals from Representative Tom Marino. "It's a little overwhelming," Air Force veteran Staff Sergeant Craig Trunzo said. "It's my first interaction with the congressman. I've met a couple presidents in the past but never a congressman."

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8.4 - KLFY (CBS-10, Video): Local veteran claims a scammer changed his VA check deposit information (3 August, Sylvia Masters, 195k uvm; Lafayette, LA)

Chuck Trenchard is a local veteran who depends on his monthly VA check. He recently received a letter from the department of veterans affairs stating there was a request to change his direct deposit information. "And I said I did not authorize any since change. I said this that does not sound good. I checked my direct deposit which was supposed to be in there today it's a little over \$3000.. it wasn't there," Trenchard explains.

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8.5 - The Daily Sentinel: Smoky air from wildfires poses health concerns (3 August, Joe Vaccarellil, 192k uvm; Grand Junction, CO)

When stepping outside and looking east during the past few days, it's easy to see that it hasn't been a typical week in the Grand Valley. Hazy skies and smoky air from fires surrounding the area obstruct usually clear views of the Bookcliffs and Grand Mesa. But the poor air quality does more than make the area a little less scenic for a few days.

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1. Top Stories

1.1 - FOX News (Video): [New VA secretary warns Trump's signature program could collapse without fix](#) (3 August, Jennifer Griffin and Lucas Tomlinson, 32.5M uvm; New York, NY)

President Trump's newly installed Veterans Affairs secretary, in his first interview since taking office earlier this week, sounded the alarm about the need to fix a critical program allowing veterans to see local private doctors instead of driving long distances to a VA hospital.

If the federal government falls short, Secretary Robert Wilkie warned, "then the entire system collapses."

For Wilkie, it's among the most pressing in an array of challenges he confronts upon taking the helm at the government's second-largest department – and perhaps its most scandal-scarred.

From his office perch two blocks from the White House, Wilkie surveyed the task ahead and homed in on the popular private-doctor program used by millions of veterans. He told Fox News he has promised the president he will address one glaring problem in particular: doctors getting stiffed by the VA.

"The Veterans Affairs Department in the last eight to nine years has not been paying those bills to small-town doctors, to community hospital emergency care facilities," he said.

At issue is a program that was revamped under this administration.

In June, Trump signed a bill to replace the troubled Veterans Choice Program, enacted in 2014 under then-President Barack Obama, to expand access for veterans wishing to see private doctors and other providers to ease the burden on families forced to drive long distances for VA care.

"It makes no sense to me that we require someone to travel -- let's use a state like Montana -- where the distances are enormous, 600 or 700 miles round trip," said Wilkie. "They pass a lot of doctors along the way. We need to bring those doctors into the Veterans Affairs system."

Wilkie said, though, if they can't fix the doctor payment issue and "if we don't get a hold of what we owe Americans who are providing services to our veterans, then the entire system collapses."

That's just the start to his challenges at the sprawling department.

The VA has suffered from a series of high-profile scandals in recent years involving secret wait-lists, systemic neglect and even veterans dying while waiting to see a doctor. Wilkie is the fourth secretary to lead the VA in the past four years.

The VA's \$200 billion budget has doubled in the past decade. The new secretary said of the 370,000 employees under that network, "there are probably 100 bad eggs" in the system still.

One of the first things Wilkie vowed to turn around, though, is a perceived morale problem at the agency that's supposed to serve 9 million veterans.

'Fox & Friends Weekend' co-host Pete Hegseth on how the bill will help veterans.

"This is an institution that has been buffeted by continuous body blows for a number of years," Wilkie admitted.

To tackle the problem, Wilkie plans to be more visible not only at headquarters in Washington but VA hospitals throughout the country. Wilkie said he spent his first day-and-a-half as secretary walking the halls to meet staff, and is joining them for meals in the cafeteria.

"I don't think those simple things have been done," Wilkie said. "I fall back on my military life. I learned at a very early age, listening to those around my family, that in order to be a commander you had to walk your post."

Wilkie is the son of an Army field artillery commander, severely wounded after multiple tours in Vietnam.

"He spent a year in Army hospitals. He came back to us weighing about half of what he did when he left. I watched his recovery. It was agonizing," Wilkie recalled.

So he knows firsthand the struggles of families whose sons and daughters are amputees from the wars in Iraq and Afghanistan, some of whom have been denied wheelchairs because of sloppy paperwork.

"It's a culture in some respects that just looks at a patient as just a generic number coming through the system," he said. "And that's not the way it should be."

Wilkie said amputees and other severely wounded combat vets "need to be at the front of the line."

Asked to pledge to get rid of a widely criticized process forcing amputees to make repeated trips to the VA to prove they're still an amputee, Wilkie replied, "Absolutely."

President Trump uses event to highlight his support for prison reform to make surprise announcement; chief White House correspondent John Roberts reports.
Wilkie also sought to clear the air on Democratic senators' suggestions that the administration is eyeing a privatization of the whole system.

At his confirmation hearing on Capitol Hill weeks after Trump signed the \$55 billion bill to fix Veterans Choice, Wilkie faced a hostile reception from Democratic senators demanding to know if he planned to do just that, something Wilkie's predecessor said was the reason for his firing—not moving to privatize fast enough.

In the interview with Fox News, Wilkie noted such a move would need support from Capitol Hill and said the agency's growing budget does not reflect a move to privatize.

Pressed on whether Trump has set that as a goal, Wilkie said, "No. The president wants to deliver the best care possible."

Wilkie also downplayed a Washington Post report that he is planning to sideline Trump loyalists who have purged longtime VA staff since his predecessor was fired.

"No. In fact, I haven't removed anybody," Wilkie replied, but wouldn't rule out doing so in the future. "As part of any new leadership organization, you come in with a team. You come in to assess. You come in to rearrange."

Firing those who have given the VA a bad name has proved a challenge.

Last year, a disgraced former director of the Washington, D.C., VA had to be rehired just one month after being fired – even though, under his watch, it was found that inventories were so mismanaged that doctors had to run out mid-procedure and borrow from neighboring hospitals while patients were under anesthesia.

"The laws now give you the authority to override most of what I would consider to be the normal bureaucratic protections for those in those situations," Wilkie said.

Another problem is the loss of talent at the VA. More than 20,000 civil servants have left since the start of the Trump administration. Some top jobs remain vacant after 15 months, and the department is short 33,000 doctors and nurses.

"We're going to go crazy trying to fill all 33,000," he said.

Wilkie served as undersecretary of defense for personnel and readiness under Defense Secretary Jim Mattis before being tapped by Trump to lead the VA, after the president ousted Dr. David Shulkin in late March.

Asked if he was worried he might suffer the same fate as his predecessor, fired by tweet, Wilkie replied, "No, the last thing I will pay attention to is any of the usual Washington back and forth. This president has been magnificent to me."

Wilkie also served in the Pentagon under Donald Rumsfeld, worked for Condoleezza Rice and had years of experience on Capitol Hill working for Sens. Thom Tillis and Trent Lott.

In his new office, Wilkie now hangs a portrait of Gen. Omar Bradley, the first secretary of Veterans Affairs after World War II, and has chosen Bradley's desk as his own.

"Bradley was tasked with changing VA to accommodate 11 million soldiers coming off active duty and into VA ranks," he said. "He was really a visionary."

Fast-forward to modern times, and the VA is still grappling with similar challenges, absorbing the soldiers who have come home from two wars stretching back nearly two decades.

Wilkie ended the interview with a message to those veterans: "Something that people need to know: We don't turn veterans down. A private facility might; we don't."

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1.2 - FOX News (Video): [Secretary Wilkie leads embattled Veterans Affairs Department](#) (3 August, 32.5M uvm; New York, NY)

On 'Special Report,' the newly sworn in Veterans Affairs secretary talks to Jennifer Griffin about the challenges he faces.

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1.3 - FOX News (Video): [VA Secretary Robert Wilkie faces his toughest assignment yet](#) (4 August, 32.5M uvm; New York, NY)

Jennifer Griffin speaks with the newly sworn in Veterans Affairs secretary about how he hopes to fix an unwieldy bureaucracy that is supposed to serve nine million veterans.

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1.4 - Military.com: [New VA Secretary Wilkie Puts 'Forever GI Bill' Expansion Into Effect](#) (3 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs has begun implementing new provisions of the Harry W. Colmery Educational Assistance Act of 2017, better known as the "Forever GI Bill."

In one of his first actions since taking the oath of office Monday, new VA Secretary Robert Wilkie said the provisions to expand GI Bill coverage were put into effect Aug. 1.

The VA said the new provisions "will have an immediate and positive impact on veterans and their families using VA benefits to pursue their educational goals."

"We are excited to get the word out about implementation of the provisions," Wilkie said in a statement. "From the day the Forever GI Bill was signed into law, VA, in collaboration with Veterans Service Organizations, state approving agencies and school certifying officials, has taken an expansive approach to ensure earned benefits are provided to veterans in a timely, high-quality and efficient way."

The VA said 15 new provisions of the GI Bill went into effect Aug. 1, in addition to 13 that were already in place.

Among the new provisions is one making recipients of the Purple Heart awarded on or after Sept. 11, 2001, eligible for full post-9/11 GI Bill benefits for up to 36 months, if they were not already entitled.

Another new provision expands the "Yellow Ribbon Program," in which degree-granting institutions of higher learning can agree to make additional funds available to a veteran's education program without an additional charge to the GI Bill entitlement.

The new provisions also allow additional Guard and Reserve service to count toward post-9/11 GI Bill eligibility.

At a House Veterans Affairs Subcommittee on Economic Opportunity hearing last month, the VA said it had to overcome numerous Information Technology (IT) challenges to ready the new provisions to be put in place.

"This is a complex, heavy-lift effort," retired Maj. Gen. Robert Worley II, director of VA education services, said in his testimony. The VA had hoped to begin implementation on July 16 but had to delay until August, he said.

The VA estimated that putting systems in place to accommodate the new provisions would cost about \$70 million.

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1.5 - WFED (AM-1500, Audio): Accountability office says VA struggling to track misconduct, protect whistleblowers (3 August, 854k uvm; Washington, DC)

When it comes to dealing with employee misconduct, the Veterans Affairs Department falls short in a couple of ways. It has trouble tracking misconduct because of scattered data gathering systems. It's inconsistent in how it deals with miscreant employees, especially senior people. As for whistleblowers, VA might be "retaliationville."

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1.6 - The Grand Island Independent: Forced move to Kearney is cruel (3 August, 191k uvm; Grand Island, NE)

I ask that all who have not read Cathy Howard's Aug. 1 letter to the editor regarding veteran Fred Northup and his wife, Donna, get a copy of the paper and pass it to all you know. I am sure that I am not the only one outraged by this. I also ask that all that are angered write to the editor in support of the Northups' plight. I think we as a community should demand arrangements be made for Fred to remain in a Grand Island hospice — either at the old Lutheran Hospital or at the VA Medical Center.

To take him out of this community would be cruel and unusual punishment for both him and his spouse and should not ever be tolerated.

Are you still "smiling," Mayor Jensen? How about our city council members? Are you all pleased with what you have wrought. This is what comes of greed and no compassion for your fellow humans. None of you will be able to wash the blood off your hands on this one.

Also, I would like to make one thing very clear to Mr. Jensen. Our Veterans Home residents are not "moving." They are being "evicted."

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2. Greater Choice for Veterans

2.1 - Fortune, ProPublica: Steve Cohen Is Spending Millions to Help Veterans. Why Are People Angry? (3 August, Isaac Arnsdorf, 7.7M uvm; New York, NY)

Veterans Network was opening a chain of free mental health clinics across the country, backed by \$275 million from hedge fund billionaire Steve Cohen.

By contrast to the high-profile scandals at the U.S. Department of Veterans Affairs, the Cohen Network claimed 96 percent client satisfaction. In a statement for the hearing, the organization said its clinics “provide a desirable alternative” to the VA — a clear echo of President Donald Trump’s campaign promise to let veterans skip the VA for “a private service provider of their own choice.”

But at that same moment, across the country, the Cohen Network was closing its clinic in Los Angeles less than a year after it opened. The Cohen Network’s leaders had alienated the staff there, former employees said, by telling them to prioritize healthier patients over homeless veterans. The shutdown was so hasty that former therapists said it left some patients in the lurch.

Privatization has become the defining controversy at the VA under the Trump administration. Conservative billionaires such as the Koch brothers and Ken Langone want veterans to increasingly see private doctors, while traditional veterans organizations want to maintain the government-run health system.

The Cohen Network has become a test case for both sides. It is either proof that the private sector can do the job better than the VA — or a template for diverting taxpayer dollars to unaccountable private groups.

Steven Cohen is perhaps an unlikely person to find himself in the crossfire of this debate. He is best known as the billionaire hedge fund titan whose investment returns were the envy of Wall Street, until prosecutors busted his firm for insider trading. (Cohen, 62, was not personally charged; he declined to be interviewed for this article.) Since then, Cohen has launched a new hedge fund and opened 10 clinics serving veterans across the country.

A thorough examination of the Cohen Network’s record — including internal documents, emails and dozens of interviews with current and former employees — reveals a different story from the one the Cohen Network tells about itself. The clinic at the University of Southern California was doomed by the Cohen Network’s mismanagement and insistence on a narrow focus that helped only a subset of veterans, former employees said. “The model we ended up believing would really serve veterans was different than the model the Cohen Network was proposing all clinics operate under,” said Marv Southard, who served as CEO of the Cohen clinic at USC and is now chair of USC’s doctor of social work program. The network’s original clinic, at New York University, got into a spat over who would own the patent rights from research that Cohen funded. And shortly after the hearing, Cohen mounted an aggressive lobbying campaign to get the government to subsidize the clinics.

The Cohen Network and Cohen’s own spokesman insist they’re not trying to privatize the VA and their only goal is helping veterans. “No single private person in this country has ever donated more money to save veterans’ lives and treat their mental health needs than Steve Cohen has,” Cohen’s spokesman, Mark Herr, said. The organization blames others for the problems in Los Angeles, New York and Washington.

The story of the Cohen Network illustrates what could lie in store for veterans as Trump pursues his campaign pledge to place their care in the hands of the private sector.

When the Cohen Network opened the LA clinic in mid-2016, it attracted talented therapists with what appeared to be a rare opportunity to treat veterans as if money were no object. "It almost seemed too good to be true," one of the clinicians said. "And, in fact, it was."

The disappointment started as soon as the staff showed up. The clinic turned out to consist of a hallway shared with the dermatology department inside a USC facility. There were only three therapy rooms for six therapists; they were supposed to take turns and then walk to a different office several blocks away.

The next problem was the software for the patients' medical records. Many of these systems are clunky, but clinicians said this one was the worst they'd ever used. They would fill out a long form and click submit, only to find their session had timed out and they had to start over. Session notes mysteriously vanished. "It was completely substandard compared to what we would have expected from this organization," said Kathryn Arnett, the clinic's director.

The Cohen Network's CEO, Anthony Hassan, shot down complaints about the software, so staff across the network convened secret conference calls to troubleshoot, according to former employees. In written responses to questions, Hassan said it's "absurd and untrue" that he lashed out at employees who spoke up about the software. He also denied it ever had problems, saying "there was no bug in the system."

But a February 2017 internal review concluded otherwise: "There are ongoing clinical data errors in the system," Cohen Network officials wrote.

Because of these problems, some current and former employees doubt the Cohen Network's claims about its results. The client satisfaction survey, for example, was completed by only 6 percent of exiting patients, according to an October 2016 email from the network's chief operating officer. The Cohen Network said the response rate has since risen to 59 percent. Still, that's lower than typical for published studies and it means the score might not represent all patients' views, particularly since there's evidence that happier patients are more likely to complete the survey. ("We're confident in the integrity of our data," Hassan said, but he declined to elaborate on how they inspect and validate the data.)

The Cohen Network wanted more patients and was displeased with low turnout: An internal review found that the LA clinic, in its first six months, saw just 116 clients, which cost the clinic \$10,282 each. "The average cost per client is very concerning, as is the low client count," two executives wrote. Some of the clinicians had seen an emphasis on cost and volume at public agencies or cash-strapped nonprofits, but they struggled to understand such scrimping from the well-funded Cohen Network.

The Cohen Network's focus on measurable outcomes influenced the care that the clinics would provide. Clinicians were supposed to use a set of six- to 15-week treatment programs that have been shown to help with PTSD, insomnia, depression and anxiety.

But patients often have multiple conditions that don't fit neatly into 12 weekly sessions. The Cohen Network's limited scope led some other organizations that serve veterans to stop referring people there. "I didn't think their model invested enough in engagement and after-care and focused too much on short-term intervention," said Southard, who led the Los Angeles County Department of Mental Health for 17 years before becoming CEO of the Cohen clinic at USC. "The biggest disjuncture between USC's vision and the Cohen network's vision," he said,

"was we were aiming at people with more serious issues and problems and we needed a model that would serve them."

The Cohen Network's focus on measurable outcomes for PTSD led the LA clinic to shun some of the neediest patients. Because of the clinic's location in a gritty part of downtown Los Angeles, many veterans who walked in were homeless. Homeless patients were hard to follow up with, which could be a drag on the clinic's metrics. In an internal memo, Cohen officials chastised the staff for "targeting inappropriate client populations (e.g., transient/homeless, chronically mentally ill)."

Clinic staff were devastated. "All of us came here believing we were going to help the people who need us the most, and they said no," said Arnett, the USC clinic's director. "They weeded out the most compromised veterans." This is exactly what the VA's defenders have long warned would happen to veterans left to the private sector.

Hassan countered that the clinic simply wasn't equipped to treat people with chronic mental illness or who needed inpatient treatment for drug addictions. "Our network provides short-term outpatient psychotherapeutic care delivered through weekly or biweekly sessions," he said. The Cohen Network, he added, is intended to fill in gaps in the existing system, not to replace it.

Steve Cohen arrived to tour the clinic in October 2016, with a New York Times photographer in tow. A spokesman said Cohen was "impressed by the effort made by USC," but people who were present recall it differently. Cohen didn't like how small the clinic was, they said. He didn't like that people needed to be buzzed in (a security measure). He didn't like the neighborhood. As Arnett recalled it, "He said, 'Why can't we have this?' and 'Why isn't it like that?' He took a few pictures and stayed less than half an hour."

In response to Cohen's dissatisfaction, staff looked into moving the clinic to more affluent Pasadena, which would be more expensive and cater to a different kind of client.

In June 2017, Hassan emailed the staff to say the clinic was closing, with no explanation. The abrupt shutdown cut off some patients in the middle of treatment, according to three former clinicians and three other former employees. Clinicians said they had some patients who had just completed intake or opened up about a traumatic experience for the first time. The therapists had to tell them they couldn't continue. For his part, Hassan insisted that no patient's treatment was interrupted and that USC was supposed to tell the Cohen Network about any patients who needed their treatment to be extended.

The therapists tried to find referrals for all the patients to continue treatment elsewhere, but there wasn't always another provider available. The Cohen Network sent a list of resources, printed on expensive paper, but the therapists said it wasn't helpful. "It looked like someone had Googled 'mental health Los Angeles' and picked the top three results," a third former clinician said.

The Cohen Network initially said the clinic would reopen, but as the months went by it never did, and eventually Los Angeles disappeared from the map on its website. "We just ghosted," a former employee said. "We just split town, and what about all of these patients? The really bad part is, nobody seemed to care."

Cohen got involved in veterans' health for the most personal of reasons: His son Robert joined the Marines and deployed to Afghanistan in 2010. It was "obviously, as a parent, a very scary

thing,” Cohen has said. “Now, he came back, he’s fine, but not every vet is.” For Cohen — whose interests until that point were limited to trading stocks, collecting art, spending time with his family and rooting for the New York Yankees — it was a life-changing experience, according to a person close to him. Cohen established his first veterans clinic at NYU in 2013.

That was the same year his hedge fund, SAC, pleaded guilty to insider trading. Prosecutors circled Cohen for almost a decade, nabbing eight of his lieutenants (although some of those convictions were later overturned). In one case, a trader got a sneak peek at discouraging clinical trial results affecting two pharmaceutical companies. Cohen had \$700 million riding on those stocks. The trader called Cohen, who then liquidated his position and bet \$260 million that the stocks would fall. When the results of the clinical trial became public, the trade netted SAC about \$276 million, the biggest profit from insider trading ever.

The trader, Mathew Martoma, is serving a nine-year sentence, but he refused to testify against Cohen, so prosecutors could not prove whether or not he told Cohen anything about how he got his information. They indicted SAC as a company, but not Cohen personally. The Securities and Exchange Commission sought to ban Cohen from the hedge fund industry for life, but settled on a two-year hiatus. (This cat-and-mouse game loosely inspired the Showtime series “Billions.”)

Cohen opened a firm called Point72, which was initially a family office that managed his own \$11 billion fortune, and has since begun to manage money for outside investors. He printed a mission statement and list of core values — starting with “Ethics & Integrity” — on a big poster for the staff to sign. He hired a 55-person compliance team that now reads all of his emails and routinely restricts trades, according to Herr, Cohen’s spokesman. “We have the most aggressive compliance and surveillance department on Wall Street,” Herr said. “It would be hard to have done more than we have.”

The staff of the nonprofit Cohen Veterans Network, which was formally launched in 2016, works in the same building, outfitted like the traders in branded fleeces. “It’s almost as if I’m one of the portfolio managers. I’m just not making money, I’m spending money,” Hassan once told a Bloomberg reporter. “We very much feel part of the firm.”

Cohen got started at NYU when Ken Langone, the name donor of the university’s hospital system, connected him with Charlie Marmar, the chair of the psychiatry department. Marmar, who’d spent 21 years at the San Francisco VA, had an idea not only for a mental health clinic but for research on the biological signs of PTSD. Cohen and Marmar discussed the vision over poached eggs and coffee at Cohen’s Greenwich mansion, where Cohen dazzled Marmar with the Picassos on the walls and the Warhol in the bathroom, two of Marmar’s colleagues recalled.

The mission, as one researcher involved in the project described it, was to find a “pregnancy test for PTSD”: a blood test or a brain scan that could be used to diagnose PTSD, rather than relying on self-reported symptoms. Better understanding the biology might also lead to more effective treatments.

Some experts were skeptical that a biological test could work for a complex and varied psychiatric condition like PTSD. The Departments of Defense and Veterans Affairs had already sunk millions into pursuing PTSD biomarkers, with little to show for it. “We mostly rolled our eyes and said good luck,” said Terence Keane, director of the National Center for PTSD’s Behavioral Science Division at the Boston VA. “Why would that be what Steve Cohen wanted to put his money into?”

In Keane's view, there were many more deserving research endeavors in need of funding. Still, a diagnostic test for PTSD, if one could be found, would have a clear market. Nearly a million veterans receive government checks based on a diagnosis of PTSD. So a functional test could decide how the VA distributes billions of dollars — and make a lot of money for whoever commercialized it.

Cohen launched a second nonprofit organization, called Cohen Veterans Bioscience, to lead the research. Its CEO, a former pharmaceutical executive named Magali Haas, sent researchers contracts asking them to sign over intellectual property rights, according to three people who reviewed the agreements.

That caused friction with NYU researchers and lawyers, who objected to what they viewed as the Cohen group's revenue grab — or wanted the university to share in the possible windfall, according to a person present for conversations on this point. NYU declined to comment.

In recent years, foundations have shown increasing interest in possible commercial applications of research they support. Major philanthropies, such as the Bill & Melinda Gates Foundation, the Andrew W. Mellon Foundation and the MacArthur Foundation sometimes retain a license to use inventions they've funded, much as the federal government does, while working to ensure that the discoveries benefit the public. Others, like the BrightFocus Foundation, have pushed further, seeking royalties from discoveries they fund.

But it's rare, experts say, for foundations to seek total control over intellectual property developed by the academics whose work they fund. Universities typically object because they consider themselves more qualified to use the IP to advance research and benefit the public. And since foundation grants typically don't cover universities' full costs including overhead, they don't want to be in the position of subsidizing commercial research. "There were cases where industry was using this as a ploy to get a lower rate on research costs and get ownership of technology in a sweetheart deal," said Wes Blakeslee, the retired director of the Johns Hopkins University Technology Transfer Office.

The disagreement over intellectual property led Cohen to stop funding Marmar's research, according to two people involved in the project. Haas disputed that, saying in an interview that NYU didn't get more money because it mismanaged the original grant. She then followed up with an email, this time saying the study ended because NYU finished recruiting subjects.

Cohen Veterans Bioscience moved on from NYU, scooping up existing biological samples and datasets, and funding top researchers. But some scientists said they turned down Cohen out of discomfort with the IP arrangements. "They have offended many people across the country," said Keane of the National Center for PTSD. "The undercurrent is they're trying to get a silver bullet to make money, and that's why a lot of groups are not collaborating with them."

Haas said Cohen Veterans Bioscience shares intellectual property rights with collaborators, but they're still hammering out the details. "The only thing we're interested in is trying to move the science forward," she said. If the organization did have rights to an invention that it could license to a drug company to develop, she said, all the proceeds would fund future research.

Cohen's spokesman, Mark Herr, said Cohen won't invest in anything that arises from Cohen Veterans Bioscience's work. "We maintain a church and state separation between the two, and that will not change in the future," he said in a statement.

When Cohen started his collaboration with NYU, Langone and a fellow NYU trustee, former AIG CEO Maurice “Hank” Greenberg, told faculty members that the goal of the clinic was to create a private alternative to the VA, according to two people familiar with the discussions. “Langone and Greenberg were really into privatizing the VA, and the big motivation behind the Cohen clinic was to be proof of concept,” one of the people said. (Greenberg declined to comment. Langone’s spokeswoman referred questions to NYU, which declined to comment.)

Cohen wasn’t present for those meetings, and his spokesman said he doesn’t support privatizing the VA or envision the Cohen Network as a model for doing so.

Last year, Cohen set out to persuade Congress and the Trump administration to reimburse his clinics for veterans treated there. (Cohen contributed \$1 million to Trump’s inauguration and another \$1 million to the House Republicans’ super PAC in April 2017.)

From the beginning, the Cohen clinics were advertised as free to patients, but the plan was always to start seeking reimbursement for their treatment. By their fourth year in operation, clinics are supposed to supply 25 percent of their own funding from insurance reimbursements, local philanthropy and government grants, according to information posted on the Cohen Network’s website. That figure rises to 50 percent by year six. In some cases, billing insurers also requires charging copays from patients.

Hassan said the clinics never turn away patients who can’t pay. He called collecting reimbursements a common-sense way to extend the reach of Cohen’s gift and make the clinics sustainable; like Haas, he said any revenues would be used to offset costs.

As part of his pursuit of government reimbursements, Cohen contacted fellow billionaire Ike Perlmutter, the enigmatic Marvel Entertainment chairman who has unofficially advised Trump on veterans policy. Cohen had a phone call with Perlmutter late last summer to sell him on the network, according to a person familiar with the call. Perlmutter questioned why Cohen would go to so much trouble to open brick-and-mortar clinics when other nonprofit organizations have leaner models, the person said. According to this person, Perlmutter warned then-VA secretary David Shulkin to be careful with Cohen. (Perlmutter’s representative declined to comment, and Shulkin didn’t answer requests for comment.)

Cohen also sought advice from a person who shaped President Trump’s position on the VA: Jeff Miller. As chairman of the House veterans committee, Miller had been a harsh critic of the VA and promoter of private alternatives. He was one of the first lawmakers to endorse Trump and became the candidate’s point man on veterans issues. After Miller retired from Congress in January 2017 and joined a big law firm, his first lobbying client was Steve Cohen.

In September 2017, Cohen Veterans Bioscience flew researchers from around the country to a lavish summit in Washington, featuring a speech by Shulkin and a panel moderated by Miller. At a cocktail party at the National Portrait Gallery, Cohen lingered behind bouncers in a roped-off area, summoning people he wanted to talk to, an attendee recalls. A day after the summit, Cohen Veterans Bioscience held a briefing for congressional staff in the House veterans committee hearing room. Cohen Veterans Bioscience also joined a coalition with two pharmaceutical companies to lobby for access to VA datasets and biological samples.

Cohen’s representatives repeatedly complained to government officials that his clinics couldn’t get reimbursements from the VA. In one meeting, the leader of a veterans organization corrected Miller, pointing out that the Cohen Network could, in fact, enroll in a program for

buying private-sector care (a program Miller had actually helped create). But that would require each patient to obtain advance approval from the VA. Miller made clear that the Cohen Network wanted to see the veteran first, then send the VA the bill.

Miller set out to change the law to let the clinics do exactly that. His team visited the office of every member of the House veterans committee and drafted a bill to let the VA pay for veterans who walk in to private mental health providers like the Cohen clinics. "Here is language to get you started," they wrote in an email to congressional staff.

The lobbyists recruited a freshman lawmaker from each party, both former Marines, to sponsor their bill and tried to rush it through the House on a voice vote in time for Veterans Day.

But the bill raised objections from major veterans organizations. They generally oppose privatizing the VA because the health system remains popular with their members despite recent scandals. A few days later, the VA weighed in with more than a dozen concerns about the bill, including that it carved out a new private-care program conflicting with other laws on eligibility and funding.

Miller called a meeting with the major veterans groups to brief them on the bill. The veterans groups agreed among themselves to present a united front. Meanwhile, they pressured the Democratic cosponsor to drop out and waved other lawmakers off the bill. Miller caught wind of the counterattack, but by the time the veterans organizations showed up at his office overlooking the Capitol in late October 2017, the bill was dead.

Thwarted in Congress, Miller fared better with the Trump administration. He contacted senior VA officials in the hopes of forming a partnership with the Cohen Network. They signed an agreement in October 2017 that didn't offer much other than to share data that was already publicly available. The VA has scores of similar agreements with other organizations.

But soon after the agreement was in place, Cohen's representatives raised the issue of getting reimbursements for the clinics. That made VA officials feel tricked, according to a former agency official.

Veterans groups and some lawmakers were suspicious when they found out about the partnership. The Cohen Network "must be transparent about its organization and compliance with federal law," the top Democrats on the House and Senate veterans committees wrote in a March 5 letter to Shulkin demanding more information.

Nevertheless, the Cohen Network succeeded in getting approved to receive reimbursements from the VA. A Cohen Network official downplays the payments, saying they've amounted to \$500 so far.

But after Miller's lobbying campaign, that does little to reassure defenders of the VA's healthcare system. "The problem is there's only so much government money in veterans' care," another former VA official said. "If you start trying to carve into that to feed things like the Cohen Veterans Network, that's actually privatization. It's going to be death by a thousand cuts."

The resistance to the Cohen clinics is vexing for Cohen, who believes he's trying to make a positive impact. "Steve Cohen is helping repay the debt we owe our veterans," said his spokesman, Herr, "and it is shameful that anyone doubts or impugns his generosity."

Cohen is undeterred. The network just opened its 10th clinic and plans to have 25 by 2020. Cohen believes the network is succeeding, Herr said, and is considering expanding his support beyond the \$275 million he's already committed.

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2.2 - Auburn Journal: [Fix, fund and fully staff the VA](#) (3 August, Carroll Nast, 149k uvm; Auburn, CA)

Veterans For Peace joined Indivisible Auburn July 20 to display large banners to east-bound I-80 traffic with the messages: "Save our VA" and "Vets say no to privatization."

Of us veterans using the VA health care, 80 percent want Congress to fix, fund and fully staff the VA, not privatize it. We want people to know that the Koch brothers and Trump want to profit from veterans health care since it is one of the largest budget items in the federal government. If they succeed it will cost taxpayers 30 percent more and provide inferior care for our nation's veterans. Another motive for privatization is that VA hospitals are located on choice real estate in most major cities. Ultimately they will be sold to developers if we don't elect people to government who value veterans health over profit. A recent Rand study shows that the VA provides equal or better care in all categories measured, compared to the private

for-profit industry. This is in spite of congress under funding the VA for decades.

That gave them an excuse to divert money to the "Veterans Care" and "Community Care" programs, instead of providing the resources for the VA to catch up. Quality of care in these private programs has never been assessed, but wait times are often longer than at VA. The increase in vets using VA health care has outpaced the increase in funding since 9/11.

There are now 35,000 medical and 15,000 non-medical positions vacant in the VA. If Congress would only fill these vacancies and provide the funds to catch up on deferred maintenance and expanding facilities, the private programs would rarely be needed. Occasional referrals to the private sector is sometimes beneficial to the veteran and should continue on a case by case basis.

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3. [Modernize Our System](#)

3.1 - KAIT (ABC-9): [VA clinic now open daily in Pocahontas](#) (4 August, 194k uvm; Jonesboro, AR)

An outpatient clinic for the VA is now open daily in Randolph County, with officials working to offer healthcare services to a large portion of the region.

A ribbon cutting was held Friday for the clinic, located at 300 Camp Road in Pocahontas. The clinic is part of the John J. Pershing VA Medical Center in Poplar Bluff.

According to a media release, the clinic, which was previously open on Tuesday and Thursday, will provide medical care for veterans. Officials say a main goal of the clinic is to help veterans who are not enrolled in VA healthcare, with the event Friday allowing veterans to sign up for help.

Veterans who had been receiving VA care in Paragould also had the opportunity to transfer their healthcare to Pocahontas during the event, while pneumonia vaccinations were also given.

Anyone interested in learning more about the clinic can go to the medical center's website.

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3.2 - Public Opinion: [**Watertown VA clinic to move, expand**](#) (4 August, J.T. Fey, 80k uvm; Chambersburg, PA)

The veterans clinic in Watertown will be moving and expanding during the next 14 months

The Watertown vets clinic will be moving into the former Ace Hardware building at 12 19th St. NE. The clinic will share the building along with its current resident, Snap Fitness.

"We're very happy. This is a great move for us," said Dr. John Sneden, medical director at the Watertown clinic. "We'll have more space, more services and continue to add services. We're hoping to add another provider."

Sneden said the clinic's 10-year lease at its current location will soon expire. In anticipation of the expiring lease, Veterans Affairs officials had been seeking a larger location.

Construction is expected to begin in late fall or early winter of 2019, but Sneden said the clinic isn't expected to open until October of 2019, in part because of all the additional plumbing that must be added to new location.

The current Watertown Community Based Clinic has 6,895 sq. feet, and the new clinic will add nearly 3,000 sq. feet for primary care, expanded mental health and telehealth services, as well as for physical therapy treatment.

The VA staff serves approximately 2,300 veterans from 11 surrounding communities. The new clinic will have capacity to see up to 3,000 vets. Sneden's hope is that the new site will allow certain procedures to be done in Watertown instead of requiring a vet to travel to Sioux Falls.

The Watertown VA clinic opened in 2009 as a temporary mobile clinic near the National Guard Armory. Currently located in the Willow Creek Plaza, the clinic has continued to grow with the support of Watertown area veterans and the community.

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3.3 - Kokomo Tribune: [**VA set to host benefits fair at Peru library**](#) (4 August, Carson Gerber, 77k uvm; Kokomo, IN)

PERU – VA Northern Indiana Healthcare System is hosting a benefits and enrollment fair in Peru. The event will run from 5 to 7 p.m. Wednesday at the Peru Public Library, 102 E. Main St.

Groups from the Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration, county veteran service officers and National Cemetery Administration will all be in attendance, as well as other veteran groups.

Updates will be given on various veteran programs and initiatives during the event.

Veterans can visit to ask about VA disability and compensation, enrollment into VA healthcare and any other veteran-related questions at the event. No appointments are necessary.

The fair comes as the VA works toward building a new outpatient clinic in the area to replace the current Peru facility. The new clinic is set to double in size and staff as part of an effort to expand healthcare services to veterans throughout northern Indiana.

VA officials said last year they are seeking property to increase the size of the facility to around 20,000 square feet. That will double the current number of primary-care providers at the clinic from three to six, according to Jay Miller, associate director of operations for the VA Northern Indiana Health Care System, which oversees the Peru clinic.

He said in a previous interview the facility at 750 N. Broadway was originally slated for an expansion in 2020, but that process has been expedited because of feedback from area veterans, who expressed concerns about wait times and the quality of care during a VA town hall meeting in December.

The facility's new location has not yet been announced.

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4. Focus Resources More Efficiently

4.1 - The Hill: It's difficult, but not impossible, to legislate the toxic VA culture (3 August, Rory E. Riley-Topping, 11.8M uvm; Washington, DC)

If something seems too good to be true, then it probably is. This is especially true when it comes to the federal government, an institution that seemingly has an often times well-deserved reputation for overpromising and under-delivering.

That's why, when the president initially created the VA Office of Accountability and Whistleblower Protection via Executive Order in April 2017, many whistleblowers within the agency were skeptical that the newly created office would truly bring about change and accountability in the government's "most repressive agency."

Because issues pertaining to VA accountability have been a long-time headache for members of Congress, they too wanted to believe that the OAWP could fix VA's toxic culture of retaliation against anyone who dared to question the agency's leadership. Accordingly, Congress granted the OAWP additional authority pursuant to the VA Accountability and Whistleblower Protection Act, which was signed into law in June 2017.

Although the OAWP has only been in existence for a little over one year, it is a failed experiment in government accountability and transparency. It is time for Congress to pull the plug.

First, VA has a cultural problem, not a legislative one.

As I have previously argued, many of VA's accountability problems are due to a high tolerance for corrupt practices — a concept that was highlighted by investigative journalist Mike Volpe at this past week's Whistleblower Summit on Capitol Hill — as well as a perception by agency leaders that it is above the law and any outside oversight.

Indeed, just recently, Acting VA Secretary Peter O'Rourke tried "to control, if not intimidate" the Inspector General over the sharing of whistleblower information from the OAWP that O'Rourke — notably the prior director of the OAWP — refused to provide.

Despite Congress' best attempts, it is difficult, if not impossible, to legislate culture. VA needs to change its internal habits far more than it needs Congress to change the law.

To this end, the VA Accountability and Whistleblower Protection Act has thus far been the equivalent of a car without gas; yes, it is a vehicle to assist you in getting to where you're going, but without more, it is basically useless.

Second, there are the numbers. Although VA employees only account for 18 percent of the federal workforce, they accounted for 31 percent of whistleblower complaints submitted to the Office of Special Counsel.

There are also the OAWP's budget numbers. According to a report prepared by VA on the Activities of the OAWP and submitted to the House and Senate Veterans' Affairs Committees, the OAWP has an annual budget of \$17.3 million dollars to maintain 73 full time employees (while requesting 102) and handling 182 cases.

By contrast, during the same time period, the Office of Special Counsel's budget was only modestly greater, at \$26.5 million dollars, despite the fact that OSC maintains a staff of only 144 full-time employees to oversee whistleblowers for the entire federal government, which included 18,058 complaints.

That's quite a difference in how federal dollars are spent and accounted for, but this comes as no surprise to those who are familiar with VA's budget.

As noted by the bipartisan duo of retired legislators Bill Frist (R-Tenn.) and Jim Marshall (D-Ga.) shortly after the emergence of the 2014 patient wait time scandal, "[i]f endless funding, more personnel or piecemeal reforms were the answer, the VHA wouldn't be failing."

As conceded by OSC, VA does produce a higher volume of whistleblower complaints than other agencies; nonetheless, duplicating efforts at a time when additional federal dollars are hard to come by seems like a questionable decision.

Finally, and perhaps most importantly, are the facts. In a July 2018 report, the GAO found that the VA OAWP lacked standardized practices and procedures, making it nearly impossible to verify its actions. More importantly, however, the GAO also found that whistleblowers at VA

were ten-times more likely to be disciplined than their peers and that managers were often tasked with investigating themselves, a blatant conflict of interest.

If accountability and whistleblower protection are the goals, as the name of the office would indicate, this is a failed mission.

So, rather than throwing more money and personnel at yet another failing VA business line, what should Congress and the VA do? There are several steps that can help to improve accountability and whistleblower protection that do not involve further investment in the OAWP.

First, the VA has the benefit of a new secretary as of earlier this week, Robert Wilkie. Wilkie can begin by sending a strong message to those within the VA that past retaliatory practices will not be tolerated. He can send that message by immediately terminating those who've participated in the retaliation, rather than making the fatal mistake of his predecessors — trying too hard to be liked by everyone. With a workforce of 360,000 employees, no one is going to be universally liked, no matter how good they are at their job. Wilkie needs to accept this and do what's best for the agency.

Second, Congress can alter the Whistleblower Protection Act by providing those who claim its protections with the same rights as those who file claims pursuant to the Civil Rights Act or the Rehabilitation Act — that, if the MSPB cannot hear their claim within 180 days, they may file suit in the District Court where they reside. Providing an avenue toward independent resolution of issues outside of another bureaucracy — the MSPB — will help resolve disputes more efficiently while ensuring independent review.

Finally, if VA is set on having an internal review office for whistleblower claims, they should remove the OAWP or any equivalent to the purview of the OIG. Since many whistleblower complaints are simultaneously filed with the OIG anyway, this would provide streamlined processes and also preserve the independent nature of a fair investigation.

Overpromising and under-delivering are easy, which is why solutions to problems such as the internal OAWP are often too good to be true. Working hard to find practical solutions is difficult, but improving morale, decreasing government spending, and saving lives make the exertion worthwhile.

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4.2 - Newsmax: [New VA Secretary Robert Wilkie Holds Promise for America's Veterans](#) (4 August, Van Hipp, 10.8M uvm; Boca Raton, FL)

Last week President Trump lauded his recently confirmed Secretary of Veterans Affairs Robert Wilkie before the Veterans of Foreign Wars (VFW) National Convention, and with good reason. Simply put, Wilkie is one of the president's best appointments.

In short, Wilkie brings the best skill set we've ever had in an incoming VA Secretary. It's a skill set and real experience the scandal-ridden department, best known for inefficiency, sorely needs.

Wilkie, the son of a career Army officer has served in uniform himself, and with distinction. He knows the needs of our veterans first hand. A long-time staffer in both the U.S. House of

Representatives and U.S. Senate, he knows how to get things done for our veterans on Capitol Hill. He also served on the National Security Council under Condoleezza Rice and as Assistant Secretary of Defense under Donald Rumsfeld.

His most recent experience as Under Secretary of Defense (Personnel and Readiness), however, is what he can draw on to have the greatest immediate impact on the VA. For years, the Department of Defense would try to give new medical technology it had developed for the warfighter to the VA to help our nation's veterans. Time and time again, the VA would turn it down, only to spend taxpayer dollars to reinvent what the Pentagon had on a shelf. Congress, fed up with this, started the DOD/VA Health Care Sharing Incentive Fund. Now known as the Joint Incentive Fund (JIF), it has been representative of the kind of mechanism we need in place to ensure our veterans get the best healthcare and access to the best medical technology available, while being good stewards of taxpayer dollars.

During the 2016 presidential campaign, the ineptitude of the Department of Veterans Affairs and its failure to properly take care of our nation's veterans was a major issue. America's veterans wanted real change at the VA, and then-candidate Donald Trump responded with his ten-step plan to bring real reform to the troubled department. Our nation's veterans responded and played a big role in his election to the presidency.

Today, there is no doubt that President Trump is focused on reforming the VA to better serve our veterans. There is much to do. Our veterans wait too long for healthcare. There is a different standard of care depending on which part of the country you live in. In fact, The VA regions (known as VISNs) each have different medical products on their approved lists for such things as wound care. Thus, a VA medical center in Alabama may not be able to give a veteran a needed medical product that he could get if he or she were at a VA facility in Virginia. There are also way too many sole-source contracts being awarded and not enough competition. Open competition and pilot programs showcasing the latest medical technology will benefit both our veterans and taxpayers. And we still hear horror stories about the VA claims process. When going through a claim, why should the VA spend more taxpayer dollars on services that have already been performed by a military doctor?

These are just a few of the many challenges facing our new VA Secretary. There will need to be true transformational change in the VA's culture for any true improvement in our veterans' care. We must have a "VA owns it" mentality and get rid of those employees who don't embrace the culture change.

Over the years senior government officials, including one cabinet secretary and one four-star general, have told me, "I wish I knew then what I know now." They were co-opted by the bureaucracy when they assumed their positions and were convinced that all was fine when it wasn't.

Robert Wilkie has a chance to be the best VA Secretary we've ever had at a time when we really need it. The reason is that he can't be hoodwinked by the institutional bureaucrats. The veterans of our country need a secretary like this and it's about time.

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4.3 - The Oklahoman: [Navy veteran: Medical cannabis for veterans is prudent policy](#) (3 August, Nick Etten, 3.8M uvm; Oklahoma City, OK)

America's veterans could soon be granted legal access to medical cannabis. Members of a House-Senate conference committee will meet in the coming weeks to finalize funding for the Department of Veterans Affairs for fiscal year 2019. These lawmakers can save veterans' lives by adopting language already approved by the Senate authorizing VA physicians to recommend medical cannabis to patients in states where it is legal.

A recently updated VA report shows an average of 20 veterans commit suicide every day. While suicidal behavior is complex, we know that service-related post-traumatic stress disorder and traumatic brain injury are among the primary causes. We also know that medical cannabis is a demonstrably safer treatment option than the "combat cocktail" of opioids and benzodiazepine sedatives VA physicians frequently prescribe to treat PTSD, chronic pain, anxiety and other debilitating conditions.

Our veterans suffer chronic severe pain at rates roughly 40 percent higher than civilians, according to the National Institutes of Health, helping to explain why the opioid crisis has hit veterans at a rate two times the national average. And again, science shows this is a public health crisis where cannabis could help. A study published in the Journal of the American Medical Association found that states with medical cannabis laws had a 24.8 percent lower mean annual opioid overdose mortality rate compared with states without medical cannabis laws.

Unfortunately for Oklahoma's nearly 300,000 veterans, Sen. James Lankford has fought against reform to the Controlled Substances Act that makes it illegal for VA physicians to recommend cannabis. Under the CSA, cannabis has been labeled as a drug "with no currently accepted medical use and a high potential for abuse" — two characteristics scientific data have proven clearly false. The science is part of the reason why the American College of Physicians, the American Public Health Association and the American Nurses Association recognize the medicinal value of cannabis.

If Congress won't respect the conclusions of the medical community, maybe it will respect voters. Polling data from President Trump's own pollster, Tony Fabrizio, shows overwhelming support for medical cannabis in highly competitive congressional districts. In these key "swing" districts, 87 percent of voters supported medical cannabis, including 81 percent of GOP voters. And 3 in 4 voters say a candidate's position on medical cannabis is at least somewhat important in deciding how they will vote. These and other numbers in his poll led Fabrizio to conclude "there is no political penalty for supporting medical cannabis. However, even among GOP voters, there is likely a backlash for opposing it."

The health policy and political verdicts on medical cannabis are clear. What remains to be judged is if Lankford will fight for Oklahoma's veterans as a member of the committee deciding the fate of legal access to medical cannabis for our former service members.

President Trump has made veterans a priority and has repeatedly expressed his support for medical cannabis. It's time for Congress to send him a bill that will provide veterans the relief they desperately need.

Etten, of Chicago, is a graduate of the U.S. Naval Academy, a former Navy SEAL officer and the founder of Veterans Cannabis Project.

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4.4 - The Oklahoman: [OU repays the Oklahoma City VA about \\$14,000 after federal report](#)
(3 August, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

The University of Oklahoma has repaid the Oklahoma City VA Health Care System more than \$14,000 after a federal report found medical residents were paid for times when they were not working.

The two sides have worked together to find overpayments since a VA inspector general report in late March found a lack of proper accounting for millions of dollars. The deadline for repayment was July 31.

“Based on the reconciliation, a repayment amount of \$14,355.95 was agreed upon and has been paid in full to the VA by the university,” said Melissa Overfield, a local VA spokeswoman.

OU has maintained that it did nothing wrong. It blames flaws in the VA's accounting system, one of the focuses of the inspector general report, for any confusion.

“The University of Oklahoma found that there were no overpayments made from the VA to the university in fiscal year 2016,” said OU spokeswoman Erin Yarbrough, “but it agreed to a reconsideration of payments previously approved by the VA based on current VA standards.”

During the 2015-2016 academic year, at least a dozen residents at the Oklahoma City VA Medical Center were paid for time during which they were working at non-VA hospitals, according to the federal report.

Four neurology students splitting their time between the VA hospital and the OU Children's Hospital were paid full-time salaries by the VA, rather than the part-time salaries they deserved, because the medical school billed the VA for full-time employment, the report found.

For 73 days in early 2016, six hematology and oncology residents worked at non-VA facilities. Yet, the medical school billed the VA about \$14,600 for the students' time, according to the report. Periodic audits, which would have uncovered such overpayments, were never conducted.

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4.5 - Military Times: [Commentary: Strides made on VA reforms, but there's more work to do](#)
(3 August, Sen. Johnny Isakson (R.-Ga.), 2.1M uvm; Springfield, VA)

America is the greatest country in the world because of those who have put their lives on the line to defend it, and we have an obligation to serve those who have served us. As chairman of the Senate Committee on Veterans' Affairs, I am committed to helping ensure that our veterans who have borne the battle receive quality care and services they can count on.

We're all too aware of the problems of the past that have plagued the Department of Veterans Affairs, from long wait times to a corrosive culture among employees, staffing shortages, absent leadership and inadequate care for our nation's veterans. While improvements have been made

in a number of areas, we knew there was more work to do and set out to make changes to the department.

Since the start of this Congress on Jan. 3, 2017, our committee has held more than two dozen hearings to drill down on problems confronting the VA, to hear from officials as well as stakeholders like veterans' service organizations, and to figure out how we could work together to address the challenges facing the VA. Over the last 18 months, we have made great progress, developing legislation and building consensus on proposals that are effective and meet the needs of veterans.

In 2017 and 2018, the Senate's efforts on behalf of our nation's veterans include the passage of 18 major pieces of veterans' legislation — all of which have been signed into law — that reform the VA and strengthen veterans' health care, benefits and services. Additionally, the Senate has confirmed 14 nominees to the VA and the U.S. Court of Appeals for Veterans Claims to ensure strong leadership is in place to oversee the implementation of these reforms.

To ensure our veterans have access to the best possible care, support and benefits that they have earned, we passed landmark legislation to dramatically improve the way the VA delivers health care. The VA MISSION Act removes barriers and finally gives veterans the option to receive care in the community when and where it makes sense for them.

Before now, there was no real accountability at the VA because management could not adequately discipline employees who were found guilty of misconduct. We passed the Veterans Affairs Accountability and Whistleblower Protection Act, which finally gave VA leaders the tools to remove poor-performing or negligent employees and formalized a process for protecting the rights of whistleblowers. Since being signed into law, more than 2,800 VA employees have been removed under this new authority.

For years, veterans have been waiting far too long for a decision from VA on their benefits claims appeals. The VA's woefully outdated appeals process led to a backlog of nearly half a million veterans waiting on a decision on their claims. With the Veterans Appeals Improvement and Modernization Act, we overhauled the appeals system to break down bureaucratic barriers and help develop an improved, more responsive and quicker system for veterans.

The jobs of the 21st century are ever changing, and today's workforce never stops learning. To help our service members transition to civilian life and ensure they have education benefits that meet their needs, we passed the Harry W. Colmery Veterans Educational Assistance Act to make lasting reforms to the Post-9/11 GI Bill. This is a truly meaningful victory for our veterans, who should have every opportunity available to them to pursue their desired profession and career after they return from duty.

Our committee, along with the House Committee on Veterans' Affairs and President Trump and the administration, have worked hard to reform the VA and ensure that our veterans receive the care and benefits they deserve.

This week, Robert Wilkie was sworn in as the 10th secretary of the VA. The VA needs a leader who will help move the department away from problems of the past and toward solutions of the future by implementing the legislation we have passed to address significant problems confronting the VA. I am confident that he is the right leader because he has the expertise, the judgement and the character to take on the challenges that lie ahead and will bring stability and leadership to the VA.

I look forward to continuing our efforts by working with my colleagues in Congress, President Trump and Secretary Wilkie to meet these challenges head on and transform the VA into a department worthy of our veterans.

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4.6 - WFAA (ABC-8, Video): [Cannabis converts helping North Texas veterans find relief](#) (3 August, Teresa Woodard, 2.1M uvm; Dallas, TX)

Cannabinoid oil, legal to use but not easy to get in Texas, is showing promise in helping veterans manage chronic pain and anxiety.

It is not marijuana, but cannabinoid oil, known as CBD oil, is derived from cannabis. Because of that, the Veterans Administration cannot prescribe it, or help veterans get it. So, someone else is stepping in.

"I just think a lot of people don't know," said Donna Cranston, founder and CEO of Defenders of Freedom, a non-profit organization that assists veterans with financial needs.

Cranston, at one point in time, believed all cannabis products were marijuana and anything that had to do with marijuana was bad. "I was that mom that had zero tolerance for it and held my kids' feet to the fire," she said.

It still surprises her a bit that she is now helping veterans access something made from hemp. "It really is two different things," she said.

CBD oil is not marijuana. It is derived from cannabis plants grown specifically to produce CBD oil. The industrial hemp used to produce CBD oil is an agricultural product. CBD oil is legal to use in every state, including Texas. It cannot get someone high, and users say it is an effective treatment for pain and anxiety.

Luke Barker suffers from both. "Right here it feels like I've been kicked by about 10 mules," Barker said, pointing to the right side of his forehead. "The tumor is in the right frontal lobe, which is the area that controls mood and judgment and all that stuff, it's just a constant pain right here."

Barker was in the U.S. Navy for 13 years. He is now fighting brain cancer.

"The neurosurgeon at the Veterans Administration says he believes the tumor is related to my service," he said. "I wasn't blown up. I didn't get hit with an IED or get shot or anything like that, but he believes being around heavy weapons, there's a lot of pressure that comes off heavy machine guns - the brain absorbs all of that. He thinks the tumor is related to my service."

"It's inoperable. They said if they try to go in and remove it, I'd be a vegetable the rest of my life," Barker said. "So, what do I do now?"

Barker began doing research and found testimonials from veterans battling cancer and pain and anxiety who say CBD oil made a difference in their lives. He is undergoing radiation but wanted to try CBD oil as well.

Because the VA cannot provide it, he needed to buy it, and found the most potent versions, which users say are the most effective, are also expensive. "The good quality CBD oils are expensive and, if they're on fixed incomes, many veterans can't afford it," Cranston said.

Barker now has access thanks to Cranston and another unlikely cannabis convert.

"Myself I'm not, I'm not a proponent of marijuana," said Steve Danyluk, a retired Marine lieutenant colonel. "I was in the military from 17 years old and it was drilled into our head that pot is not what we do."

Danyluk spent a significant amount of time at Walter Reed Army Medical Center and said he saw veterans suffering from pain and over medication. "You have veterans who are on 15, 20 different medications and many times the medications are not interacting well with one another," he said. "Many of them turned to cannabis as an alternative."

"The more I spoke with veterans and saw that there were positive benefits," he said. "It became clear to me that there was a medicinal aspect to cannabis."

Danyluk and fellow veterans founded Warfighter Hemp, a company that grows organic hemp at a farm in Eaton, Colorado. Warfighter Hemp produces CBD oil. Many of his buyers are veterans, or people who help veterans, like Cranston. She's purchasing the CBD oil at a reduced rate and giving it to Barker.

"We're pretty hopeful he'll have some good results," she said.

Cranston is such a believer in CBD oil that she wrote to and tweeted President Donald Trump. She asked him to encourage the VA to study cannabis and hopefully one day dispense the oil as an alternative treatment.

The American Legion is another organization lobbying lawmakers by pointing to a 2017 survey that found 92 percent of veterans support cannabis research and 83 percent support legalizing medical marijuana.

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4.7 - The Times of Northwest Indiana: [Blind veteran from Valparaiso helps spur changes at the VA](#) (3 August, Giles Bruce, 1.1M uvd; Munster, IN)

Every time Mike O'Dette tried to fill a medication over the phone with the Veterans Affairs pharmacy, he would be instructed to type in the prescription number.

The problem was, he's blind.

So the Navy veteran from Valparaiso decided to bring the issue up at a VA town hall meeting in Portage, not to complain but to suggest a way to help hundreds of patients.

"I've always been a believer that constructive criticism is better than straight criticism," said O'Dette, 53.

The VA listened.

Now blind veterans who call in a prescription refill go straight to a human being who can assist them — all thanks to O'Dette.

"That took away some of the frustrations of using an automated call center," said Marc Magill, director of Jesse Brown VA Medical Center in Chicago. "We've been doing it a year, and it's worked pretty well."

After making the change, the Jesse Brown hospital sent out letters to the other roughly 325 blind veterans it serves, alerting them of the new Scrip Talk system that allows them to talk to a live pharmacy staff member.

"It made me feel good, because it doesn't just help me but everyone else," O'Dette said.

Melinda Dunlap, visual impairment services coordinator for the VA, said blind veterans have so many other obstacles — traveling, cooking, grocery shopping — that this small change makes a big difference.

"This is the reason I'm so proud of VA health care, because really I think we look at the whole health of the veteran," Magill said, including providing them with legal advice and protecting them from fraud and scams.

"We really try to go the extra mile. That's really the true definition of customer service and trying to treat that person to the best of our ability."

"I'm a veteran myself and I get my care here," noted Dick Rooney, chief of pharmacy for the Jesse Brown VA Medical Center and Adam Benjamin Jr. VA Outpatient Clinic in Crown Point.

Tom Pappas, who leads the Portage Veterans Committee, said that if O'Dette had gone to a congressman or senator, or a local veterans organization post, he would likely still be waiting for a solution.

"Veterans need to educate and advocate for themselves," Pappas said. "Mike is an example."

Rather than bashing the VA, if O'Dette thinks something is wrong with his care he makes a recommendations for how to fix it. He points out that the Crown Point VA clinic has a suggestion box just inside the front entrance.

He said he also recently advised the VA that its government vehicles were taking up space on the first floor of the Jesse Brown hospital parking garage, where the handicapped spots are located, making it harder for disabled veterans to get around. So the VA moved the vehicles to the second floor.

"You hear so many bad things about the VA," O'Dette said. "They are working with the veterans to get stuff straightened out."

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4.8 - WZTV (FOX-17): Family of Ft. Campbell soldier paralyzed by sniper voices frustration with VA, military (3 August, Adrian Mojica, 484k uvm; Nashville, TN)

The family of a Ft. Campbell soldier who suffered a life-changing injury during combat is sharing their frustration with the Department of Veterans Affairs as they try to keep their son alive and the family together.

Corporal Jeremy Voels was assigned to Bravo Company at Ft. Campbell after enlisting at the age of 19 and was deployed to Afghanistan in 2010. Just three months after his deployment, Voels was hit by sniper fire, which went into his lower vertebra and ricochet off his rib, causing all of his organs to be injured by bone fragments.

Doctors were able to save his life, but after 300 surgeries in eight years, Voels remains paralyzed. His mother, Pamela, was living in Stewart County, Tennessee while Jeremy was getting treatment in Nashville.

But things changed when her husband, also in the military, was moved to a station in Alabama.

"We tried to make a plea for him to stay in Tennessee because he needed to be close to his son, but since he's Jeremy's stepfather and not his biological father, they moved him anyway," Pamela says. "He's been in Jeremy's life for 16 years since he was 8 years old but they were like so sorry."

Pamela also moved to Alabama after her son was transferred to a hospital in the city of Enterprise. Now, she says the hospital is telling them Jeremy has to be moved again because his TPN treatment, which provides nutrients, is too expensive and they are not a long-term care facility.

"Due to all the surgeries, and a botched surgery, Jeremy doesn't have any intestines. His body makes blood, but his cells keep dying," Pamela said. "He needs the treatment to get the nutrients he needs."

Pamela says the VA is now "looking into" places to move Jeremy that include Montgomery, Alabama, Biloxi, Mississippi, and Augusta, Georgia.

The move would mean Jeremy is once again separated from his father and would put his mother in continued financial stress.

"I've been through two houses, two cars, and have taken out of my retirement to be with my son," Pamela said. "He needs his family around him but I'm in serious debt."

Pamela says she has fitted the Stewart County home and she and her husband are working on getting what's needed in their Alabama home so Jeremy can stay close to his stepfather.

"We just need the hospital to hold Jeremy and help him until we get the house ready for him," Pamela said. "That's if doctors even clear him for that. Moving him to another city isn't going to work."

The goal is to keep Jeremy and his mother with his stepfather in Alabama since the stepfather is active duty and stationed at Fort Rucker.

Jeremy's sister, Shi-Ann Hauck, says the family wanted to share their story because there must be others facing similar situations.

"His kids have only ever known my brother as being in the hospital," Hauk said. "We can't be the only family going through this. Your soldiers aren't as well taken care of as people believe."

Pamela says she hopes the family will be able to stay together but she's not getting concrete answers.

"Everyone keeps telling us they're looking over paperwork."

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4.9 - Watertown Daily Times: New studies needed: Feds should allow additional research into effects of marijuana (3 August, 199k uvm; Watertown, NY)

There's obviously something about marijuana that alleviates the pain of various health conditions.

And more states have recognized this phenomenon and passed laws to accommodate those who seek help: 30 states and the District of Columbia now permit the use of medical cannabis. The most recent state to carry this out is Oklahoma, where voters approved the plan June 26 by more than 56 percent.

Many military veterans have found marijuana very beneficial for their health concerns. However, they cannot make use of their primary resource — the U.S. Department of Veterans Affairs — for sound advice.

The federal Drug Enforcement Administration classifies marijuana as a Schedule I drug, the most serious of its designations. These are drugs, substances or chemicals "with no currently accepted medical use and a high potential for abuse." Other Schedule I drugs include ecstasy, heroin and LSD.

The VA refuses to assist veterans when it comes to medical cannabis. A New York Times story published July 25 in the Watertown Daily Times chronicled how veterans often must lurch in the dark while trying to reduce their physical pain.

"Some of the local growers along the coast (in Santa Cruz, Calif.) see it as an act of medical compassion: Donating part of their crop of high-potency medical marijuana to ailing veterans, who line up by the dozens each month in the echoing auditorium of the city's old veterans' hall to get a ticket they can exchange for a free bag. One Vietnam veteran in the line said he was using marijuana-infused oil to treat pancreatic cancer. Another said that smoking cannabis eased the pain from a recent hip replacement better than prescription pills did. Several said that a few puffs temper the anxiety and nightmares of post-traumatic stress disorder," according to the article. "The monthly giveaway bags often contain marijuana lotions, pills, candies and hemp oils, as well as potent strains of smokable flower with names like Combat Cookies and Kosher Kush. But the veterans do not get any medical guidance on which product might help with which ailment, how much to use, or how marijuana might interact with other medications. Ordinarily, their first stop for advice like that would be the Department of Veterans Affairs health system,

with its thousands of doctors and hundreds of hospitals and clinics across the country dedicated to caring for veterans.

"But the department has largely said no to medical marijuana, citing federal law. It will not recommend cannabis products for patients; and, for the most part, it has declined even to study their potential benefits," the story reported. "A department survey suggests that nearly a million veterans may be using medical marijuana anyway. But doctors in the veterans' health system say the department's lack of research has left them without much good advice to give veterans."

People's concerns over marijuana are understandable to some extent. As a substance that causes impairment, there's no doubt it has detrimental effects on the human brain.

But there is a wealth of evidence that certain properties of the plant offer pain relief. It would help enormously if we knew where the limits were so we could draft more informed policies about its usage.

The lack of adequate research leaves a huge gap in how we should proceed. The government owes it to our veterans to allow more studies to be conducted so such questions can be resolved.

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4.10 - WTVY (CBS-4, Video): [Daleville veterans talk health care at town hall](#) (2 August, Zach Wilcox, 44k uvm; Dothan, AL)

DALEVILLE, Ala. - Veterans in Daleville had the opportunity to speak their minds Wednesday.

The Central Alabama Veterans Health Care System hosted an open town hall at the Daleville Cultural and Convention Center.

Some of the biggest issues that came up were the no-show campaign and the fresh eyes survey.

The no-show campaign looks to decrease the amount of missed doctor visits veterans have so that more appointments will be made available.

The fresh eyes survey is a chance for veterans to reach out to their health care system and voice their opinions on the service.

"I have never personally had any problems with the veterans administration, with any of my appointments or anything like that," said George Malcolm Edwards of AMVETS Post 23 in Opp. "I wanted to find out what problems other people were having, and maybe I can share that with the veterans in our post."

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5. [Improve Timeliness of Service](#)

5.1 - The Marietta Times: [Patients tell doctors they need more](#) (3 August, Michael Kelly, 74k uvm; Marietta, OH)

About 100 people, most of them medical professionals and many of them standing, packed the ground-floor conference room in the Strecker Cancer Center at Marietta Memorial Hospital on Thursday for a town hall meeting about cancer.

The town hall featured two physicians from the American Society of Clinical Oncologists, a group of doctors dedicated to networking cancer information for both their peers, other medical professionals and patients.

"We've come out to have a conversation, to raise awareness," Dr. Monica Bertagnolli, chief of surgical oncology at Brigham and Women's Hospital in Boston and a member of the ASCO, told the gathering. "We're an organization of 45,000 doctors around the world, and our goal is to prevent and cure cancer. We will conquer it through research, and we promote quality care for everyone."

The success in treating cancer has changed dramatically over the past decade, and Bertagnolli was asked how the persisting public perception of cancer being a death sentence can be changed.

"I'm already learning from my visit here and elsewhere that patients want the real story. Some have had serious and terrible challenges, and the care here has given them their lives back, given them great strength," she said. "We are collecting videos of their experiences. We need to be honest and truthful, but we also need to tell these inspiring stories."

Bertagnolli noted that the cancer.net website, containing information compiled and curated by members of the ASCO, is intended for patients as well as clinicians and will continue to include encouraging stories of survival and treatment.

Patients in the audience expressed the greatest concern not about treatments but about communicating with their physicians.

"We need more information," said John Miller, a 56-year-old being treated for lung cancer. " I've had to get information on my own. Doctors need to focus more on their patients and answer our questions. They don't explain why we're getting the treatments."

Another patient, Sandra Rexroad, said of her experience with the Veterans Administration health system, "I had to learn to be my own advocate ... you have to find someone who will give you options."

Rexroad, a 59-year-old widow who suffers from malignant brain tumors, said she was shuttled around between veterans' clinics in Kentucky and West Virginia before being referred to a neurosurgeon at Strecker for treatment. She said the medical community seems not to understand the hardships involved for patients who need to travel or have difficulty understanding the reasons for the treatment they are receiving.

Dr. Colin Weekes, another panel member from ASCO, recalled a patient he treated while working in a clinic in Denver. The woman, who was impoverished and didn't own a car, had to come about 100 miles from Cheyenne, Wyo., and was often late. Ultimately, he was asked to

sign a paper indicating that her treatment would be discontinued if she didn't get to her appointments on time.

"These stories are told but not always heard or appreciated," he said. "We need to hear these things in a context so we can understand what it's like to live with this problem, to think about it from the other person's point of view, to have some mutual respect."

Miller said after the meeting that he feels he doesn't get enough time with his physicians.

"It just seems like the doctor is not interested in talking to me, that as patients we have to go to others for information," he said. "I see my doctor once a month, and it's always something hurried. But I've been in treatment for two years, and I'm going to win this."

The system is complex and difficult to understand for ordinary patients, and Bertagnolli said in an interview later that doctors might not appreciate the challenge it presents to those outside the medical community.

"Think about it – if any of ourselves as doctors were put in the position of being a patient, we would know what to do, but if you're not in the medical profession, or you live in a community where you don't have a lot of access, it's completely daunting," she said. "We as doctors know what we need to deliver to our patients, but we're not necessarily equipped to see what's needed in terms of community support. It could be transportation, finances, babysitting, all these things that go into our everyday lives that are absolutely essential if you're going to get the care you need."

One way of helping is a patient navigator, someone dedicated to helping patients make their way through the system. Electra Paskett, a professor of cancer research at The Ohio State University and part of the town hall panel, urged the group to express support for a bill in Congress that would add patient navigator services to the billable services supported by Medicare and Medicaid.

Meanwhile, there are people like Tom Powell. The 63-year-old Navy veteran and Strecker volunteer helps patients get through the system.

Powell said he was diagnosed with two forms of cancer while living in Florida in 2011. He moved back to Marietta, his hometown, and the medical service he received changed dramatically for the better, he said.

"At those big hospitals in Florida, I felt like a pawn in a game, just a number. Here, it's much better," he said. Powell now volunteers two or three days a week at Strecker.

"I'm just very passionate about cancer patients," he said.

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5.2 - WGXA (ABC-24): [Georgia congressman tour one-star VA medical center in Dublin](#) (4 August, 62k uvm; Macon, GA)

DUBLIN, Ga. -- On Friday congressman Rick Allen of Georgia's 12th district visited the Carl Vinson VA Medical Center in Dublin.

The center has a one star rating and congressman Allen said he wants to do something about that

He said that by providing a comprehensive plan for the center he hopes it'll get a higher rating in the future.

"I've seen this facility, I've talked to the patients, I've talked to the patients in the five-star facility. I'm going to find out why one would be ranked this way," said Allen.

Congressman Allen met with the acting director before taking a tour of the community living center there.

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5.3 - Union-Bulletin: VEText newest veteran's tool (2 August, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

A new tool came over the horizon at the request of veterans. The Jonathan M. Wainwright Memorial VA Medical Center has also added a new tool called VEText, which allows veterans to receive upcoming appointment reminders on their cell phones.

The new tool has helped reduce no-shows, because the reminder comes with an opportunity for the veterans to cancel appointments should they be unable to make it, said Linda Wondra, VA public affairs officer.

The link to the information is at goo.gl/z5NKq7. A great bonus to this is that the newly freed appointments allow for openings for other Veterans needing to seek care – a win win for everyone.

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6. Suicide Prevention

6.1 - The Modesto Bee (Video): Modesto veteran doesn't want his 'invisible injuries' to be the death of him (3 August, Deke Farrow, 841k uvm; Modesto, CA)

At his lowest points, just a few things have kept Army veteran Eli Price from committing suicide, he said: the thought of causing his mother that pain; not wanting his Army friends, who've already seen so many of their number kill themselves, to endure another loss; and not knowing what, if anything, comes afterward.

"You know what's going on in your life, and if you killed yourself, do you think it would be over?" he said. "I'm not really religious, but I have a hunch if you kill yourself, you might go to hell. I don't know what comes next, but —." Looking downward, he paused. "It's an ongoing argument in my head. A few times, it's been the only thing. 'What if because you're weak right now, you end up in hell?'"

The Davis High graduate is living his own personal hell years after finishing a 12-month deployment in Afghanistan.

Most wouldn't know it, though.

Price returned home in the summer of 2011 a damaged man, but unlike his military brothers who lost arms, legs, fingers, toes and eyesight. His scars are on the inside, the result of being concussed by improvised explosive devices (IEDs) and of the toll that "hunting man" and being hunted takes on the psyche, he said.

"I know I'm not missing a limb, but I feel like I'm missing my brain ... or at least the good part of my brain," the 28-year-old said in talking about the fight for his life that's continued long after his military service ended.

Price, diagnosed with traumatic brain injury (TBI) and post-traumatic stress disorder, has a 100 percent disability rating from the U.S. Department of Veterans Affairs. He suffers seizures, sleeplessness and depression.

He knew the risks when he signed up to join the Army, he said, and now seeks simply the same level of care afforded to guys who came back more obviously traumatized. Instead, when he seeks VA help, Price said, it sometimes begins with a wait of weeks for an appointment. Doctors want him to try a medication for six months, and then try another pill when that first one doesn't help, he said. Meantime, the suicidal thoughts remain.

So far, counseling also has not helped, though he has hope it could, with the right fit. "But they have a round hole and they're just throwing all shapes at it," he said of the VA connecting veterans with counselors.

Unlike many veterans, he's always been able to talk about his experiences, Price said, "so when I get a counselor, it's, 'OK, what do you want to know?'" But then it gets to the point where "he puts a light display on or something to calm me down, and it's like, 'Guy, I'm not here for your experimental things.'"

When traumatized veterans are returning from duty and reintegrating to civilian life, the military and the VA need to prepare them for a long and challenging road, said Sara Kintzle, a research associate professor with the University of Southern California's Suzanne Dworak-Peck School of Social Work, Military and Veterans Programs. A mental health expert with the VA Palo Alto Health Care System had not been responded to a request for comment by deadline.

Counseling definitely is not a one-size-fits-all treatment, she said, and it unfortunately can take years of meeting with one professional after another to find the right match. Complicating matters is that if a vet is on a medication that's not doing what it should, counseling still may be ineffective, Kintzle added.

A VA page on TBI research cites a 2015 study that found "that veterans with a combination of depression, PTSD, and military-related TBI had the greatest difficulties of all Iraq and Afghanistan veterans in getting around, communicating and getting along with others, handling self-care, and accomplishing other daily tasks. According to the research team, many Iraq and Afghanistan veterans require highly integrative treatment approaches, and their health problems need to be dealt with in a comprehensive and coordinated manner."

Buddy has his back

Corey Kent, a Coral Gables, Fla., resident and Price's best friend, is an Army vet and multiple amputee who understands how the Modestan feels. Having appointments booked so far out, being given ineffective medicines time and again, facing the risk of being 5150'd (placed under an involuntary psychiatric hold) because he may pose a danger to himself — "that's not going to make anyone reach out for help," Kent said.

Kent has been working to get Price to move to Coral Gables. He'd go to his VA appointments with him, he said, "and if they give him crap, I'll step in."

It sounds like Kent has won over his friend. Price bought a one-way ticket to Coral Gables and is set to leave Aug. 15, said his mother, Corky Price. "Bittersweet for me, for sure. But I want what's best for him."

For a Davis High grad who enthusiastically joined the Army and pictured it or law enforcement as his career, reintegrating to civilian life has seemed an insurmountable struggle. One that's cost him his marriage, forced his family to once call the authorities out of concern for his mental health, and led him to self-isolate.

Her son and his sweetheart wed while he was home on leave, said Corky Price, but split within months of him being home for good. At that point, "he didn't see any hope," she said. He went to live with his parents. "That's when the whole suicide kind of thing came up, and it freaked me out, and the rest of us." So they called 911, which resulted in a 5150 response.

Because of his combat experiences and struggles to get the care he needs, Price said he has a temper. He keeps to himself because it's safe. He'll walk through the family almond orchard, where it's quiet and he can see anybody coming his way. It's a release, he said. Out there alone, no one can say he's offending them or bothering them. "For a while, I was in such a bad place I wasn't talking with anyone outside my mom, and her only occasionally."

Corky said she's heard "things a mother shouldn't hear. But if he has to tell them and I'm the only one there, then I'm going to listen."

'Goddamn IEDs'

Price, with the 101st Airborne out of Fort Campbell, Kentucky, was a "13 Bravo cannon crew member, an artilleryman," he said. He was trained to provide heavy, long-range fire to support infantry.

In 2010, members of the 101st knew deployment to Iraq or Afghanistan was coming down the pike, Price said. Then they learned they'd been retasked as provisional infantry. After a few months of infantry training, they found themselves in the Arghandab River Valley north of Kandahar, Afghanistan.

Capt. Norman Black, who at the time was Price's lieutenant and platoon leader for nine months leading up to deployment and three months into it, called the deployment "very significant."

"Artillerymen historically have seen times of combat, but in the war on terror, not so much," he said earlier this year by phone from Italy. "But they made us provisional infantry. We dismounted and we met the enemy on the ground."

The 101st hit Afghanistan in summer, which Price said is fighting season for the Taliban. They'd get up in the morning and shoot at U.S. forces, stop firing during the heat of the day, then resume when the sun started to go down, he said.

Fighters with the hardline Islamic movement didn't tend to engage in combat in the winter because there was no foliage to hide them, Price said. "They still will bury their goddamn IEDs, though, and you still have to patrol in the winter."

Describing the patrol experience, Price said, "We go out as quiet as we can, because you're hunting man, essentially, and everyone is doing their job to stay quiet and calm. You move in a ranger file, usually, which is just a straight line spaced out in case of the IEDs," he said. "When somebody hits one, it's a split second and it goes from calm and everything is relatively fine to all of sudden your ears are ringing, you see white specks. ... I was close to 300 pounds with all my gear on and I would just get swatted to the ground."

When a fellow soldier would lose an extremity or otherwise be wounded, it was the intact guys like Price who had to pick themselves up and leap into action: Get the wounded to safety, help the medics, clear a landing zone for medevac helicopters and then pull security duty, because the Taliban would try to attack the landing copters.

A step, then white-hot pain

Among those badly hurt soldiers was Corey Kent, Price's best friend at Fort Campbell and since their return home. Price deployed earlier and so "was always a few days or weeks ahead of me when we were bouncing out to outposts," Kent said.

Kent arrived July 4, 2010, at what would be his final outpost, and was wounded July 12. His squad was on patrol when the point man hit an IED. The call was made to turn around. "I took one or two steps back and that's when I stepped on mine," he said.

Kent remembers lying on his back, remaining conscious and not screaming, though he felt "white-hot" pain and "steamroller pressure" all around his legs. "I could feel I was injured, but I'd never even broken a bone before, so I didn't know what was going on," he said by phone from his home in Coral Gables.

He's been told that by the time he got to a field hospital, his heart had stopped and had no blood in it. He was revived through heart massage. "I woke up eight days later at Walter Reed (National Military Medical Center) in Washington," Kent said. "All the fingers on my left hand had to be amputated because of infection." Doctors were unable to save his legs, so the right was amputated at the hip, and the left at mid-thigh.

Despite his terrible injuries, Kent said that in some ways, he thinks Price has it worse. There's no way to accurately express what deployments such as theirs are like, Kent said. "They're a really hard thing to relate to. ... I was only there a short time, and he was there an entire year."

Kent recognizes the changes in himself after his military experience, including memory trouble and a short temper. But they're not nearly as dramatic as what he and others see in Price. "I think the reason I am not worse off is I was not there a long time."

'Wasting away'

Price once was so lighthearted, the funnyman of the unit, Kent said. Now, it's tough to get that out of him. "I feel like I'm one of the few people who can." Both friends agree that Price seems at his best when he's with Kent and Kent's family.

Playing with Kent's daughter, who turned 1 in April, Price minds his language and temper. "He makes her laugh and she makes him laugh. I think it's really good for him."

Asked if he has even the slightest apprehension about bringing his troubled friend into his family fold, Kent said no. "I trust him more than anybody, besides my wife. I know he's got my back, and I've got his."

In talking about Price and other vets with TBI and PTSD, Kent used a common term, "invisible injuries." Thing is, the consequences are plainly visible, as Kent noted in talking about Price's personality change. Anyone who knew pre-deployment Price and the man he is now can speak of the difference.

And when her son was being processed for honorable discharge from the Army, an EEG (electroencephalogram) test of the brain activity came back abnormal, Corky Price said. Then there's his dramatic weight loss — a topic Eli has long tired of hearing. He once weighed in the 230-250 range, but now is about 145, and not from healthy living. "He's just slowly wasting away," his mother said.

Circle of support

Sitting in a dark room all day isn't going to help him, Price acknowledged. He said he knows he needs hobbies, and so has taken up gardening. "It's hard on my knees and back, but it does bring me calm when I'm out there doing it." He enjoys raising chickens, too, he said.

Price also appears to be finding hope and help with Modesto's True Patriots support group, veterans who also feel the VA has largely failed them, so struck out to help themselves. "That seat's been waiting for him. We hold a special place for those having a hard time adjusting," said Carlos Lara, president and co-founder of the group, said this spring.

In May, Price started attending meetings of the True Patriots, mostly Vietnam War veterans. He shared with his mother that the experience is bittersweet because he relates to the older men and their experiences but hopes he doesn't find himself still struggling decades from now.

At one meeting, Price shared that he uses a cannabis compound in a vape pen to help with sleeplessness and seizures. But he quit telling VA doctors that he uses marijuana because they kept telling him it's bad for him. He said he's been told things like, "'You might get emphysema when you're 60.' I said, 'Well, I might be dead tomorrow because I don't have any.'"

A recent New York Times article said the VA, citing federal law, will not recommend cannabis products for patients and for the most part has declined even to study their potential benefits

Price told the True Patriots that when he returned from his Afghan deployment, it was almost routine to have to go to a service for a fellow soldier who'd killed himself. And at some point after leaving the Army, he stopped using Facebook "because it seemed like every time I was going on, it was, 'Hey, did you hear about ...?' It was just bad news."

There was no Facebook when Jerry Wood returned from Vietnam, but he could relate. At that time, fellow veterans were committing suicide in part because of the way the American public perceived them, he said.

He understands, too, Price's need to isolate. "I learned real fast not to share with anybody because they wouldn't understand," he said at the meeting. "All they wanted to hear is if I killed somebody."

He'd have rather talked, though, about more lighthearted experiences, like "the crazy s--- I did when I went on R&R." Not reintegrating well, "I went to ground," he said. He became a trucker "and spent 38 years in a truck, which was great therapy for me."

Kintzle said it's good that Price has found some solace among the veterans support group. "While it's not necessarily 'treatment,' it helps," she said. Veterans groups are places to hear what's working for others and gather referrals and connections.

A call for change

Kent feels for Price when they're in public together, he said. "People would thank me for my service, and it's awkward because he did it, too, longer than me. It makes me feel a little guilty, but I don't want to point out that he's a vet, too, because he doesn't like to talk to strangers."

Kent said he hopes that Price and other veterans sharing their experiences is a catalyst for change in their health care and general treatment. "People need to understand traumatic brain injury is a real thing ... a physical injury. You're feet away from an explosion. To think that wouldn't cause a physical injury is absurd."

Price said he wants veterans' pleas for help to be truly heard and acted upon effectively. Of the many suicides he's heard about, "I've not heard of one guy yet who went to no one. They all went and told someone, 'I'm thinking of killing myself.'"

The VA's latest national report on veteran suicide, released in June and covering the years 2005-15, states, "After adjusting for differences in age, the rate of suicide in 2015 was 2.1 times higher among veterans compared with non-veteran adults."

The VA's 2018-2024 Strategic Plan report says suicide prevention is the department's highest clinical priority. It notes that in his May 2017 "State of the VA" briefing, VA Secretary David J. Shulkin outlined "veteran-facing challenges that include the disability claims backlog, the lack of consistent quality care throughout the system, and veteran suicides."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Stars and Stripes (Tribune News Service): He wanted to be buried in a veterans cemetery. But there is no space available in Raleigh and elsewhere (3 August, Anna Johnson, 1.5M uvm; Washington, DC)

RALEIGH, N.C. — Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery.

When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina.

With his wife and son still living in Raleigh or nearby, Marshall thought it would be a good spot that was close enough for them to visit. But that national cemetery is also full — and has been for years.

"I wouldn't be raising this up, but it's going to happen to a lot of people," Marshall said. "I am highly decorated, and I was supposed to be buried with no questions. But they've got that one clause that says 'if space available.' And there is no space in Raleigh, North Carolina or anywhere else. Even in Arlington."

The New Bern and Wilmington national cemeteries also are full. The only national cemetery in North Carolina with space is the Salisbury National Cemetery, which recently was expanded to offer more than 8,000 burial spaces for veterans.

The Raleigh cemetery's website states that veterans with a reservation and their eligible family members are able to be buried there.

Space does periodically become available because of a cancellation.

"Since there is no way to know in advance when a gravesite may become available, please contact the cemetery at the time of need to inquire whether space is available," the website states.

Marshall's doctors warned him he likely wouldn't see August after his aggressive liver cancer spread to his lungs. He's treated his cancer for five years, going through tests, procedures and therapies. He thinks his health problems and cancer are from his exposure to Agent Orange, a herbicide that was used by the United States military.

Marshall decided to stop treatment for an aggressive liver cancer that has since spread to his lungs to focus on his quality of life instead of quantity. He was told he wouldn't make it to August.

"This is where I'm at," he said of his doctors' prediction. "This is the week. This is the week the doctors said I am dying."

Maybe, he quipped, he's too mean to die.

Limited spots

North Carolina is one of seven states where there are either no federal veteran cemeteries or where a majority of the cemeteries are full. In nine other states, half of the national veteran cemeteries are full. The New York Times reported earlier this year that Arlington is considering tightening the restrictions on who can be buried there, to the frustration of several veteran groups.

"(The) VA is committed to providing veterans and eligible family members with reasonable access to a burial option," said Jessica Schiefer, a public affairs officer within the national cemetery administration.

More than 95 percent of veterans within North Carolina have a burial option in a national or state veteran cemetery, she said. New national cemeteries are only created in areas where 80,000 veterans who live in a 75-mile radius don't have "reasonable access to a burial option either in a VA national cemetery or in a VA grant-funded state veterans cemetery."

Marshall said he's frustrated the federal government "will get out of" paying for a portion of the burial costs because there isn't space for him in a nearby national cemetery.

It took weeks, Marshall said, to go through the process of getting approved to receive burial benefits, and the entire responsibility was on the veteran. He said he finally found a helpful VA employee in Missouri after not getting help locally.

The benefits and the amount veterans receive can depend on whether the death was connected to their time in the military, when the person died or served and whether the person was hospitalized by the VA. And that's assuming you meet certain qualifications to get benefits.

For veterans who don't want to be buried in Salisbury, the state has another option.

North Carolina has four VA-supported state cemeteries for veterans: Sandhills in Spring Lake, Coastal in Jacksonville, Eastern in Goldsboro and Western in Black Mountain. The federal government pays for the development of those cemeteries, but the state has to cover the operation costs.

All except Eastern were built in the 1990s, and each has less than a few thousand gravesites left open. Eastern was opened in 2016 and has 50 acres available.

The N.C. Department of Military and Veterans Affairs just received two grants from the VA to help expand and improve the cemeteries in Spring Lake and Black Mountain. A nearly \$6 million grant to Sandhills will help add more than 3,000 different graves, including cremation sites and crypts. A \$3 million grant will go toward the Western cemetery for more than 3,000 graves.

"North Carolina is proud to be the most military and veteran friendly state in the nation, and I want to thank our federal partners at the Department of Veterans Affairs as well as North Carolina's Congressional delegation for working to ensure that we can continue to serve our veterans and their loved ones," said Larry Hall, secretary of the department.

It's unlikely the state would receive more funding for a national or state cemetery until space is full at all of the facilities, said Angella Dunston, director of communications for the state department.

A change of plans

After living in Raleigh all his life, Marshall said he didn't want his wife to have to drive two hours to Salisbury to visit his gravesite. He also said he had concerns about the distance and maintenance of the state's veterans cemeteries.

Marshall has decided he will be cremated and buried in the Oakwood Cemetery in Raleigh.

He and a friend suggested that the city of Raleigh set aside a portion of the 300-plus acre Dix Park for a veteran cemetery, but the VA won't provide funding for nonprofits, cities or counties.

"The grave people at Oakwood will give you more help than the United States government, the state government or the county government," he said.

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7.2 - WFLA (NBC-8, Video): V.A. attempts to swamp bill extending Agent Orange benefits to Navy veterans (3 August, 692k uvm; Tampa, FL)

The Department of Veterans Affairs tried to torpedo efforts to expand Agent Orange benefits to tens of thousands of Vietnam War Navy veterans.

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7.3 - The Fayetteville Observer: Our View: Veterans cemetery will expand; give Silent Sam a new home (3 August, 439k uvm; Fayetteville, NC)

Merit: For the nearly \$6 million grant from the U.S. Department of Veterans Affairs that will help expand and improve the Sandhills State Veterans Cemetery, which sits between Spring Lake and Fort Bragg along N.C. 210.

Although the land area of the cemetery won't change, the grant will allow the addition of 2,240 pre-placed crypts, 362 in-ground cremated remains sites and 880 columbarium niches. The funding will also add roadways and landscaping to the cemetery, which was created from 50 acres that Fort Bragg gave to the state in the late 1980s. The cemetery already has more than 6,000 graves. There are 3,000 veterans and their family members buried there.

The cemetery was nearing capacity and might have run out of room in the next few years. The nearby Main Post Cemetery on Fort Bragg was filled to its capacity several years ago.

The state also received a VA grant of about \$3 million to expand the Western Carolina State Veterans Cemetery in Black Mountain. That cemetery had faced similar capacity problems.

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7.4 - The Herald-Dispatch: Agritherapy for veterans coming to Huntington (3 August, Bishop Nash, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will devise and pilot a new program to provide military veterans with agricultural training, aided by a \$400,000 grant from the U.S. Department of Veteran Affairs' Office of Rural Health.

"Agritherapy" is focused on providing a creative and productive outlet for, but not limited to, veterans with mental health issues - a focus of the West Virginia Department of Agriculture's West Virginia Veterans and Warriors to Agriculture program. The grant was awarded to the state Department of Agriculture in line with the Whole Health Initiative, a new outlook set on improving the full scope of a veteran's life through holistic approaches.

The Huntington facility will be one of 10 VA centers nationwide tasked with initially developing and implementing agricultural training for veterans.

"This is great news for our West Virginia veterans," said Kent Leonhardt, West Virginia's commissioner of agriculture. "We know agriculture is a solution for healing the unseen wounds of war, as well as providing new career opportunities."

Still in its formative stages, the program is planned to be an eight-week introduction to various agricultural fields, such as farming and landscaping, followed by two-week internships with local farmers, explained LeeAnn Bills, chief of social work at the Huntington VA.

Plans may also include the addition of a one-day workshop with a mental health focus and an agricultural job fair to connect trained veterans with employers.

"We're not sure what direction we want to go through yet," Bills said. "But that's what I think is best about a pilot program - that we can establish a direction that is going to best serve the veterans in this area."

There are no immediate plans for tilling up any sizeable plots of lands, Leonhardt said - rather, the focus will be on class lessons supplemented by small-scaled imitations of agricultural practices, like a few high tunnels or raised beds. Training will also cover aspects beyond the field work of agriculture, such as the marketing, production, and creating added-value methods like canning and cooking jams. The finer points of the program will be developed over the next four to six weeks jointly by the VA, the WVDA and Marshall University. Leonhardt also commended the work of U.S. Sen. Shelley Moore Capito, R-W.Va., for helping secure the program's federal funding, which was announced Wednesday.

If proven successful with veterans in Huntington, Leonhardt said the program could be expanded not only statewide, but also into addiction recovery practices as well.

"What you're seeing is a whole cooperated effort within the state of West Virginia," Leonhardt said. "I look at this as a pilot program for the state, and this could segue into treating the opioid crisis."

Planning has also touched on how the program, once developed, can be looped into the public through local produce markets.

"I have a feeling that when we're done, the community of Huntington is going to see a benefit and that the citizens of Huntington are going to want to participate," Leonhardt said.

Leonhardt, a Marine veteran from Monongalia County, spoke personally to the benefits raising crops and animals can have on a veteran's mindset, adding that he kept bees even while on active duty.

"Veterans don't necessarily want to be inside at a desk or in an office. They want to be outside and see things grow," Leonhardt said. "There's nothing like that newborn calf or seeing those seeds coming up."

Through the VA's new holistic approaches, Bills said the program seeks to help veterans identify a sense of purpose, cultivate their work ethic, provide an outlet to work independently and build their physical body as well.

"From what we've heard from the Department of Agriculture, it's going to have a huge response," Bills said.

Enrollees can either be referred by their doctor for the program or contact the Huntington VA for information to get involved.

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7.5 - Florida Politics: Miami-Dade County announces virtual end to veteran homelessness

(3 August, Ryan Nicol, 157k uvd; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness.

A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust.

"After four long years of leaving no stone unturned, I am proud to officially announce that Miami-Dade County has effectively ended homelessness amongst veterans in our community," said Ron Book, chair of the Trust.

According to data from the organization, the county identified 317 homeless veterans in 2014, 142 of which were unsheltered. By January of this year, that number of unsheltered veterans had been brought down to just nine, a reduction of nearly 94 percent.

"Since December 2014, together with our network of providers and partners, we have housed close to 600 homeless veterans and we prevented homelessness for hundreds more who were at risk," Book said.

Today, unsheltered veterans represent less than one percent of the homeless population, according to the group's most recent data.

The Trust was founded in 1993, and is led by a board of 27 volunteers. The trust works to advise the County Commission regarding the implementation of the Miami-Dade County Community Homeless Plan.

The Trust doesn't provide services to the homeless population directly. Rather, it coordinates available funds and oversees compliance of agencies contracted by the county.

In 2014, the Trust increased its focus on the issue of veterans' homelessness, after Miami-Dade County joined the U.S. Department of Veterans Affairs' 25 cities initiative. That initiative was designed to ramp up local efforts across the country to tackle this issue.

"This is a commitment from our community leaders that no one who has served our country should be forced to sleep on the streets," said Book.

"We know we cannot say that no veteran will ever become homeless again. But we can say, and we can say with conviction, that we have a system in place now to make certain that veterans' homelessness will be rare, it will be brief."

Book also spoke of the county's partnership with the U.S. Department of Housing and Urban Development (HUD), an agency led by Secretary Ben Carson that helps address housing issues at a federal level.

"We've never had, in 24 years, a stronger relationship with [HUD] than we have had under this administration. And 100 percent of that credit goes to the man that leads that agency."

Secretary Carson was on hand to deliver remarks, congratulating Miami-Dade County on the importance of this work.

"Those who once wore our nation's uniform deserve more than a life on the streets and we have no greater responsibility than to make certain they have a home they can call their own," Carson said.

U.S. Rep. Mario Diaz-Balart, who represents Florida's 25th Congressional District and chairs the House committee in charge of appropriating funds to HUD, was also on-hand to speak about the government's efforts.

"Our veterans sacrificed so much to defend our freedom, and we owe it to these brave men and women to help them in their times of need," Diaz-Balart said.

"As Chairman of the House Appropriations Committee on Transportation, Housing and Urban Development, I am grateful to be in a position to contribute towards this goal, and will continue to do my part to ensure we put an end to veteran homelessness across the country."

Miami-Dade County Mayor Carlos Gimenez also played a role in tackling this problem, helping to add resources for homeless veterans, including 120 Housing Choice Vouchers.

"Today, we say with certainty that Miami-Dade is treating its veterans with the respect they deserve," Gimenez said.

"Behind every number and percentage, there's a person," Book added. "It is about never giving up on people."

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7.6 - Guam Pacific Daily News (Video): [Some veterans got Agent Orange benefits, many more still waiting](#) (4 August, Haidee V. Eugenio, 141k uvm; Hagatna, GU)

Navy veteran Lonnie Kilpatrick received a letter in April from the Department of Veterans Affairs, reversing its previous decision and approving Agent Orange benefits for him.

Kilpatrick was stationed on Guam during the Vietnam War, according to retired Marine Brian Moyer. Moyer is lead organizer for the Agent Orange Survivors of Guam,

Kilpatrick died a month after receiving the letter. He's one of only a dozen or so veterans who served on Guam and whose ailments were recognized by Veterans Affairs as being related to Agent Orange exposure.

Hundreds of other veterans are trying to make the same case to receive benefits. Some are advocating that soil testing on Guam be expanded to prove it, and flying witnesses to Guam to identify testing sites.

"We, the Agent Orange Survivors of Guam, want the same medical benefits and compensation that the government granted veterans like Kilpatrick," Moyer said.

Agent Orange was used by the U.S. military as part of its herbicidal warfare program, Operation Ranch Hand, during the Vietnam War from 1961 to 1971. Traces of dioxin found in the mixture have caused major health problems for many exposed to it.

According to a 1991 law, veterans who served in Vietnam between 1962 and 1975 are presumed to have been exposed to Agent Orange if diagnosed with a medical condition associated with the herbicide.

The military has said it didn't use Agent Orange on Guam, but veterans have come forward in recent years saying they sprayed what they believe was Agent Orange on island, or saw it being sprayed here.

Moyer was among those who attended Kilpatrick's funeral in May, a month after the VA sent Kilpatrick the letter, which stated in part, "We have received records you were exposed to Agent Orange while you served in Guam," according to Moyer.

Kilpatrick's daughter, Keri Ackerson, said, "All I can do at this time is confirm that the letter was received on 4/17/2018," referring to the VA's letter to her father. "We are in the middle of a litigation and cannot comment further."

Moyer said Kilpatrick was stationed on Guam, working in electronic warfare during the Vietnam War, in 1971 and 1972. Moyer said Kilpatrick never was stationed in Vietnam.

Kilpatrick recalled living near a jungle area on Guam that was sprayed at night and had turned dead brown by the next morning, Moyer said, citing past media interviews with Kilpatrick.

Attorney: About a dozen got approved

Kilpatrick is just one of a few veterans stationed on Guam whose medical conditions were recognized by the VA as linked to Agent Orange, an advocate for veterans said.

"There have been veterans who served on Guam and who got approved for Agent Orange-related medical treatment from the Veterans Affairs," said attorney John B. Wells, a retired Navy commander and executive director of the Louisiana-based Military Veterans Advocacy. "Based on anecdotal info, I would estimate about a dozen. The VA does not keep statistics on that."

While about a dozen veterans received VA recognition, hundreds of others still are trying to make a case, said Moyer, who said he has the same degenerative disease as Kilpatrick.

The veteran said he witnessed herbicide spraying taking place along the inner security fence line at Polaris Point in Apra Harbor when he was stationed on Guam in the 1970s.

Testing clarification

The Guam Environmental Protection Agency announced July 24 that more soil will be tested for the presence of Agent Orange, starting in September, after two separate tests of samples collected in April were deemed inconclusive and couldn't prove or disprove the presence of Agent Orange.

The Guam EPA later said the April test results came back with "trace detections of herbicide constituents, not necessarily Agent Orange."

Although 2,4-D and 2,4,5-T are the active ingredients in a tactical herbicide like Agent Orange, detection of traces of 2,4-D and 2,4,5-T don't necessarily indicate the presence of Agent Orange, Guam EPA stated. There were known commercial uses for both 2,4-D and 2,4,5-T, as individual herbicides that may have been applied in non-tactical operations.

"Any detected presence of these two constituents warrants further investigation through re-sampling," Guam EPA said.

The April soil samples were taken only at Andersen Air Force Base. The second round of testing also will include off-base sites, Guam EPA has said.

New samples will be tested because there were quality assurance issues with the lab that detected traces of herbicide, the environmental agency said.

What sites to search

For Wells, it's hard to say whether more samples will reveal traces of Agent Orange or other herbicides and chemicals, because some areas have been remediated, have experienced erosion and runoff, or may not have been sprayed.

"The key to it, I believe, is in the preparation phase to ascertain what sites should be searched. The other variable is the depth of the core sample. Skimming the surface would not be good enough. They should take variable depth samples," Wells said.

Moyer cited a 1983 testing report that showed traces of dioxin in Navy wells on Guam. Dioxin is a deadly byproduct of the acids 2,4,D and 2,4,5,T — which are combined to make Agent Orange.

Air Force veteran Gerard Laitres was stationed at Andersen Air Force Base from 1963 to 1965. He said he knows where Agent Orange was used.

Laitres, now 74, said he worked as a liquid fuels system maintenance technician, checking above-ground pipelines for chipped paint and damage from the Andersen bulk storage area to the Tumon tank farm, and to the Sasa valley bulk storage area.

He said he saw people spraying chemicals or herbicides. By the next morning, he said, all vegetation was gone.

"We didn't think anything of it at the time. They said it's a herbicide, they said it's a defoliant," Laitres said. "A lot of people sprayed it."

He said there also was a time when an orange-painted chemical trailer blocked the access road along the pipeline.

"This was near NCS, and the detour went back almost to Andersen AFB," said Laitres, who came back to Guam decades later and has been living on island for the last 14 years. He also has pending medical claims with the VA.

Robert Fink, another veteran stationed at Andersen in 1970 to 1972, as a crash rescue firefighter, said he knows Agent Orange was used back then, including around the footing of the fire station, curbs and parking abutments, and for weed control.

"As for showing them where I sprayed, I could," he said. "Seeing the spray rig was as common as, say, a street sweeper in your neighborhood. Some of us utilized galvanized pump up sprayers. Plastic wasn't available then."

Fink said he was a station captain at Station 3 Marbo, where he said they used the herbicide as well.

"Marbo was also my barracks, where I lived. That area was heavily sprayed — parking lot, grass on lawn. Andy South housing was in my fire protection district. That area was saturated in herbicide spray," said Fink.

The veteran said he has about 30 ailments and has been waiting five years for a hearing on his VA claims. He was stationed only on Guam, not in Vietnam.

'Waiting too long'

Vice Speaker Therese Terlaje said veterans have expressed their lack of confidence in the Department of Defense-funded study and have questioned the testing methodology and test sites. She said she's glad Guam EPA sent a sample to a non-DOD lab as well, but the lab results confirm veterans' suspicions.

"Veterans and the community have been waiting too long to get the answers to our questions and their growing frustration is understandable," Terlaje said. "Veterans have been the driving force in ensuring that this issue does not die and that they and our island community obtain answers and justice."

Veterans have submitted testimony to Congress, to the Government Accountability Office and to Guam EPA, the vice speaker said.

Moyer and other veterans want soil to be tested in the specific areas where they said they sprayed or saw the spraying of herbicides. They asked Del. Madeleine Bordallo for help identify funding to bring some veterans back to Guam for that purpose.

GAO investigation

Bordallo on July 30 asked U.S. EPA acting Administrator Andrew Wheeler and Guam EPA Administrator Walter Leon Guerrero to test areas recommended by groups such as the Agent

Orange Survivors of Guam. These include Pipeline Road in Dededo, the former Naval Communications Station in Finegayan, the former Naval Air Station, Marbo Barracks, Polaris Point at Apra Harbor and Naval Magazine in Santa Rita, Bordallo said.

"Veterans stationed on Guam, as well as civilian residents, assert that the U.S. military used Agent Orange both on-base and off-base to manage foliage overgrowth during the 1960s and 1970s," Bordallo wrote.

GAO, the investigative arm of Congress, is examining the claims and investigating reports that Agent Orange was transshipped through Guam during that period, Bordallo

Bordallo also wants U.S. EPA and Guam EPA to confirm whether they are permitted to cover travel expenses for veterans willing to identify sites for testing.said.

"We may wind up filing suit," Wells said. "I found that a multi-pronged approach works best. We need to get good samples and the (Government Accountability Office) report to flesh out our plan of attack."

Wells was referring to a bill in Congress that seeks to extend Agent Orange disability benefits to "Blue Water" Navy veterans — those who served only in ships offshore of Vietnam.

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7.7 - KFOX (FOX-14, Video): Local veteran goes from homelessness to home-ownership
(4 August, Michael Ikahihifo, 92k uvm; El Paso, TX)

A local veteran has gone from being homeless to owning her first home in El Paso.

Cholla Fox served in the U.S. Army for more than 25 years. After leaving the military, she struggled to find a permanent place to live.

"Sometimes there are financial problems. Even though you are military, you don't get paid a lot," said Fox.

With help from the El Paso Housing Authority over the past year, Fox was able to finally settle into her forever home.

Fox signed up for the HUD VASH program (Housing and Urban Development – Veteran Affairs Supportive Housing), part of a 2008 federal initiative to help veterans go from homelessness to home ownership.

The HUD VASH program offers Section 8 vouchers to veterans who apply for it. So far there are 244 veterans using the HUD VASH program locally. Since the program started, three area veterans have graduated into home-ownership.

Phil Rhodes graduated from the program. He said it's not easy for veterans to leave the military and resume normal life. That is why he believes the HUD VASH program is valuable.

"For the veteran that completes this program, it opens up the next opportunity for the next vet," said Rhodes.

Dawn-yel Fox said she is proud of her mother.

"I am so proud of her and I look up to her so one day I hope I can be as successful as her when it comes to something like this," said Dawn-yel Fox.

Cholla Fox said she hopes the next veteran who uses her voucher will take advantage of it.

"I hope they try to do what I did. Get on their feet and then go for a house like I did," said Cholla Fox.

The Housing Authority tells KFOX14 they plan to apply for more vouchers to help more veterans in El Paso.

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7.8 - Times-Herald: Mare Island Cemetery advocates slam VA official for objecting to taking the site over (3 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

There may be a glitch in the plan to get the United States to hand the crumbling Mare Island Naval Cemetery over to the Veterans Administration for repair and upkeep.

At a key committee meeting on Aug. 1, where testimony in favor of Senate Bill (S. 2881) by Sen. Dianne Feinstein was entered into the record, along with statements of support by the American Legion, a VA official entered a statement opposing the idea.

Paul Lawrence, the VA's undersecretary for benefits, said the agency is concerned about the conditions at the cemetery, and has worked with the City of Vallejo to find solutions, but opposes the legislation because it might "disrupt efforts currently under way," and noted the repairs the site needs could cost \$1.5 million or more.

"VA does not support (the legislation), ... because acquisition of the cemetery by VA does not align with VA's current strategic objectives with respect to providing burial access to veterans and their families," Lawrence wrote in testimony submitted to the committee.

The move, he said would set "an unwanted precedent regarding veteran cemeteries in disrepair managed by localities, allowing them to eschew their responsibility to our nation's heroes."

Feinstein disagrees, a spokesman from her office said.

"The senator feels the cemetery's current state of disrepair is unacceptable and the VA is best suited to properly maintain it for the long term. That's why she introduced legislation to transfer control from the city (of Vallejo) to the VA," Adam Russell of Feinstein's office said Friday.

Vallejo resident and retired U.S. Army Col. Nestor Aliga has been involved nearly from the start, with the effort to get the oldest military cemetery on the West Coast transferred into the appropriate hands, which he said he also believes is the VA.

He is especially upset with Lawrence's assertion that the VA has tried to help Vallejo in the past.

"The VA has NOT tried many times to help the City of Vallejo," he said.

Particularly incensed is Ralph Parrott, the retired Naval Captain and Virginia area resident whose impromptu visit to the island while on a layover at Travis Air Force Base wound up leading to the effort to rectify what he sees as an unacceptable situation.

"We got to see the VA's testimony that was put in the record but was not read in open session, and we've prepared a blistering rebuttal to the testimony," he said.

The letter starts by saying that Parrott and Thomas Bandzul, Legislative Counsel, Veterans and Military Families for Progress in D.C. respect Lawrence, and, in fact, Bandzul approved his nomination as the new Undersecretary of Benefits for VA when asked, and even made statements in support.

"I believe he is an honest person so I have a very difficult time reconciling this statement with who he appears to be..." he said.

"First, VA does not HAVE a 'current strategic objective' for the Mare Island Cemetery with respect to providing burial access to veterans and their families," the letter says. "... If Sec. Lawrence doesn't want to be bothered with this, he doesn't have to make up excuses and tell fibs; just tell the entire veterans community he can't be bothered."

Furthermore, the letter said, "this legislation does NOT set a precedent. There are several examples of transfers of local cemeteries being done currently under PL 93-43."

Had the Secretary done his homework, it said, he would have found "the transfer of the Clark Air Force Base cemetery to the American Battle Monuments Commission was under similar conditions," Parrott said. "In fact, the legislation being used in S. 2881, is the same as a bill used to transfer the cemetery at Clark AFB. The only truth in this statement is it's "unwanted" by VA management."

The letter rebuts Lawrence's statement point by point, including this:

"Based on (the VA's) mission statement, VA is responsible for the markers, medallions, memorial certificates and administering and expanding veterans cemeteries. The statements made by Mr. Lawrence is a direct contradiction to the stated purpose of VA. SO WHICH IS IT?"

The letter also refutes the validity of Lawrence's statement that, "Because this cemetery is closed to new interments. ..."

"The cemetery has not HAD a burial there in a long time but it does not preclude burials in the future if the VA wanted or needed them," the letter says. "In fact, the City of Vallejo has made the offer of additional burial space at Mare Island."

The letter recounts some of Parrott's and other's conversations with officials early in the process.

One such conversation was with officials of the National Cemetery Administration Advisory Committee.

"The Navy affirmatively decided not to turn over the cemetery to the NCA in accordance with Public Law 93-43 and instead turned it over to the City of Vallejo," they were told. "Therefore, as much as we would like to help you we have no legal authority to do so."

It was based on this that the letter writers, "began the process to obtain the legal authority the NCA told us was lacking in order for them to act. S. 2881 and (companion House bill) HR. 5588 and the official request from the City of Vallejo for the Federal Government to take over the cemetery are the results of our actions. Now at this late date Dr. Lawrence, whose portfolio does not contain the NCA, makes no reference to the NCA's communication with (the letter writers.)"

"This spurious, misleading ... testimony by Dr. Lawrence, a VA official without any responsibility or authority for NCA, is deeply offensive to the veterans' community and cannot be allowed to go unchallenged," the letter states. "I would add, several people were in contact with me during our research, writing the legislation and meetings with over 40 veteran service organizations. I've met with over 200 people in the House and over 30 people in the Senate. Not a single person, after getting the FACTS about this cemetery, raised any objections. I find it so difficult to believe the VA is the sole organization to oppose this and refuse to accept their responsibilities to our departed veterans."

Calling the VA's testimony in opposition to S 2881, "a smokescreen," Parrott said and he and Bandzul intend to make sure a copy of their letter gets into the hands of all the appropriate officials, "with an explanation of how they're being misled by the VA. "Feinstein will get one also, and the new VA Secretary Robert Wilkie will get a copy, hand delivered."

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8. Other

8.1 - Telegram & Gazette: [Leominster woman admits stealing \\$300K in Social Security, veterans benefits](#) (3 August, 653k uvm; Worcester, MA)

A Leominster woman pleaded guilty Friday to stealing more than \$300,000 in Social Security and Veterans Affairs benefits, U.S. Attorney Andrew E. Lelling announced.

Joyce Progin, 71, pleaded guilty Friday in federal court in Worcester to two counts of theft of public funds.

Ms. Progin was the caregiver for her former father-in-law, who passed away in November 2009, and who received monthly retirement benefits from Social Security and monthly benefits from the Department of Veterans Affairs, according to Mr. Lelling.

Neither agency was advised of the man's death and continued depositing benefit payments into a bank account held jointly with Ms. Progin.

Ms. Progin admitted knowing she was not entitled to the money, according to Mr. Lelling. Nevertheless, she collected approximately \$55,267 in Social Security benefits from Nov. 2009 through March 2017 and approximately \$269,978 in benefits from the Department of Veterans Affairs from Nov. 2009 through Nov. 2017.

The charge of theft of public funds provides for a sentence of no greater than 10 years in prison, three years of supervised release, and a fine of \$250,000 or twice the gross gain or loss, whichever is greater.

U.S. District Court Judge Timothy S. Hillman scheduled sentencing for Nov. 2.

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8.2 - WRIC (ABC-8, Video): New VA policy endorses animal adoption but may not save McGuire dogs (3 August, Kerri O'Brien, 477k uvm; Richmond, VA)

A new policy says animals used in VA research projects will no longer have to live out their lives in a lab but 8News finds it still might not save those dogs at McGuire VA Hospital.

The VA's policy recently published and shared with the USDA is the first-ever federal policy encouraging the adoption of animals no longer needed in medical research.

It states in part, "VA has an ethical obligation to arrange for placement of healthy and socially adjusted animals with suitable adoptive families."

"It certainly is a promising development," said Tabitha Treloar, the Director of Communications with the Richmond SPCA, who stops short of calling it a victory for the dogs at McGuire VA Hospital in Richmond.

Congressman Dave Brat of Virginia's 7th District agrees. He's been fighting to put an end to the painful and taxpayer-funded experiments agrees.

"I don't think it is strong enough yet," says Brat.

VA slapped with lawsuit over McGuire dog experiments

While McGuire told 8News, "The new guidance formalizes VA's longstanding position that animals retired be adopted into loving homes."

When we asked specifically about the dogs inside McGuire undergoing surgery, implanted with pacemakers and run on treadmills until they collapse to study cardiovascular disease, we were told:

"The research with canines at Hunter Holmes McGuire VA Medical Center is focused on finding new and improved treatments that Veterans with heart disease need. Because of the nature of that research, the guidance generally does not apply to the animals at McGuire. Occasionally, a canine may turn out to be unsuitable for the research that is needed. In these cases, McGuire, like all other VA animal research programs, will follow the VA guidance to place those canines with loving adoptive families."

"The reason is probably because of the excruciating pain and some of the procedures were in total different agreement with them on," said the Congressman.

Under Brat's leadership, a bipartisan group overwhelmingly passed an appropriations act slashing taxpayer funding on canine testing, unless the secretary of the VA personally signs off on it.

Yet, Brat says if the McGuire dogs can't be freed there's still more work to do.

Dogs 'intentionally injured,' killed during medical testing at McGuire Veteran's Hospital
"The government works for us right? This is what they want, it's overwhelming. So we are asking the VA to comply with the will of the people," Brat told 8News.

The Richmond SPCA, which has made offers to adopt and rehabilitate the dogs, also takes issue with the use of the word "healthy" in this new adoption policy.

"The Richmond community, for example, is already no kill for not only for healthy animals but also those who have treatable conditions and manageable chronic conditions," said Treloar.

Yet, she adds, "Maybe they will reconsider at some point."

"The VA, I want to applaud them for the work they do for the veterans but on this one we got to do better," Congressman Brat added.

Justin Goodman, Vice President of Advocacy and Public Policy for the taxpayer watchdog group White Coat Waste Project, which has been working with congressional members to put a stop to these taxpayer-funded experiments, told 8News in a statement:

"Taxpayers bought the dogs, cats and other animals locked in VA's nightmarish labs, and we want Uncle Sam to give them back. Thanks to Congressman Brat's leadership, the VA's expensive, widely-opposed puppy testing has been slashed and animals who survived these and other abusive experiments can be freed."

McGuire officials say the research is critical to finding new and improved treatments for veterans with heart disease.

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8.3 - WNEP (ABC-16, Video): [Veteran Receives Medals at Wilkes-Barre VA Medical Center](#)

(3 August, Jessica Albert, 320k uvm; Moosic, PA)

PLAINS TOWNSHIP -- A local veteran received two medals from Representative Tom Marino.

"It's a little overwhelming," Air Force veteran Staff Sergeant Craig Trunzo said. "It's my first interaction with the congressman. I've met a couple presidents in the past but never a congressman."

Representative Marino came to the VA Medical Center near Wilkes-Barre to present Trunzo with two medals he earned during the decade he served in the air force.

"After 911, they created a medal for the Global War on Terror, which I earned during my time in, but before it was created," Trunzo said. "So, it wasn't presented to me. I also earned a Korean Defense Service medal for having served in Korea, and again, that was created after my time in the military."

"Without our veterans, the women and men serving, or who have served, we would not have what we have in this country and the whole world would be different," Representative Tom Marino said.

Staff Sergeant Trunzo's family and hospital staff attended the ceremony. The people who run the VA said they invited their staff to the ceremony to remind them of their mission here at the hospital.

"We're not just a regular hospital," Wilkes-Barre VA Medical Center Director Russell Lloyd said. "We're here to serve our nation's heroes, our veterans."

After Staff Sergeant Trunzo received his medals, he said this is a moment he will never forget.

"A lot of people make a sacrifice to this country and a lot don't necessarily get the recognition that they should or get awards that they've earned in the past and it's nice that something like this could happen," Trunzo said.

In addition to the medals, Congressman Marino gave Staff Sergeant Trunzo's kids collectors pins from the House of Representatives. He also gave his wife a medallion.

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8.4 - KLFY (CBS-10, Video): [Local veteran claims a scammer changed his VA check deposit information](#) (3 August, Sylvia Masters, 195k uvm; Lafayette, LA)

Chuck Trenchard is a local veteran who depends on his monthly VA check.

He recently received a letter from the department of veterans affairs stating there was a request to change his direct deposit information.

"And I said I did not authorize any since change. I said this that does not sound good. I checked my direct deposit which was supposed to be in there today it's a little over \$3000.. it wasn't there," Trenchard explains.

He says his monthly check not being accessible really hit him hard.

"I have been getting my checks like clockwork for the last 20 years. I have never lost one," Trenchard says. "It's really a shock when you check your bank account and find out the money is not there."

Trenchard claims this scammer knows substantial information about him. that includes his banking account information.

"It looks like it came from right inside the VA based on the information that they had to have. It may not have been but I'll tell you what.. if it didn't. I bet you whoever got it is very good friends with somebody in the VA that got them the information," he says.

The Veteran says he remains fortunate and is optimistic that the VA will resolve this, but remains worried for other vets that this may happen to.

"There are a lot of single vets out there that's all they get to live on," Trenchard says.

News Ten reached out to the DVA and the director of the Dallas Office of public affairs and department of veterans affairs which includes Louisiana.

Their response was the following:

VA is in the process of contacting this veteran to resolve his concerns directly. We have on occasion learned of individual e-benefits accounts that have been fraudulently accessed. VA takes fraud allegations and the security of veterans' information seriously. When a fraud case is reported or suspected, VA investigates the incident and determines what actions are needed to protect the veteran's benefits, report those responsible for the alleged fraud and make the veteran whole quickly.

The VA says safeguarding personally identifiable information or PII is a veteran's best defense against being the victim of e-benefits and other fraud.

If you know of a scam, email SMasters@klfy.com.

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8.5 - The Daily Sentinel: [Smoky air from wildfires poses health concerns](#) (3 August, Joe Vaccarellil, 192k uvm; Grand Junction, CO)

When stepping outside and looking east during the past few days, it's easy to see that it hasn't been a typical week in the Grand Valley.

Hazy skies and smoky air from fires surrounding the area obstruct usually clear views of the Bookcliffs and Grand Mesa. But the poor air quality does more than make the area a little less scenic for a few days.

Grand Junction's air quality was among the worst in the state on Thursday and the Colorado Department of Public Health and Environment issued an air quality health advisory until 9 a.m. today for much of western Colorado.

Thursday's air quality index, as reported by organizations such as Air Now and Purple Air, rated the Grand Valley's quality between moderate and unhealthy for sensitive groups throughout the day.

While the weather today could push some of the smoke and haze out of the area — the National Weather Service forecast a 20 percent chance of rain — it could return as fires continue to burn throughout Colorado and the surrounding states.

"The source is still there," said Scott Stearns, a forecaster with the National Weather Service in Grand Junction. "We still have smoke in the area. Maybe not right away, but it could move back into the area."

The continually growing Cache Creek Fire in Garfield County is the closest to the Grand Valley, but the state's health department cited fires throughout western Colorado and others in states such as Idaho, Wyoming, Utah and Nevada as causes for the lower air quality.

The air quality in the Grand Valley ranked at the bottom of the state Thursday morning. It improved in the early afternoon and slightly worsened late in the day, as was the case in other parts of the state.

While the air quality never reached dangerous levels, it did reach spots that could negatively affect the elderly, children and those with heart and respiratory issues.

Mesa County Public Health recommended that the elderly stay indoors and that parents keep children from getting too much exercise outside during these conditions.

Those with asthma should make sure they have medication close by and have an action plan in place. Anyone who experiences shortness of breath or unusual fatigue should contact their doctor.

"You know yourself the best," said Katie Nelson, spokeswoman for Mesa County Public Health. "If you look outside and can't see five miles out, it's unhealthy in the area."

Nelson said many might seek to wear masks outside, but most masks are ineffective against the small air particles that can cause problems.

A respirator would likely be effective, she said, but those are expensive and harder to find than sawdust masks and surgical masks that people would most likely seek from area stores.

Some of the large health care providers have not yet seen an uptick in visits as a result of the worsened air quality.

St. Mary's Medical Center reported several calls to its Lung and Sleep Center, but none that required a visit.

The emergency department has not received any additional patients because of the poor air quality.

Community Hospital also reported that it had not seen an increase in visits in relation to the air quality.

Grand Junction's Veterans Affairs Medical Center also hasn't seen any increase in local veterans experiencing respiratory issues.

However, as of Wednesday, Veterans Affairs did accept three patients from the Veterans State Nursing Home in Rifle because of respiratory issues.

The Veterans Affairs clinical team met Thursday about the possible transfer of more veteran patients from the state nursing home and developed a plan to care for a rise in patients from that area.

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Veterans Affairs Media Summary and News Clips

4 August 2018

1. Top Stories

1.1 - FOX News: [New VA secretary warns Trump's signature program could collapse without fix](#) (3 August, Jennifer Griffin and Lucas Tomlinson, 32.5M uvm; New York, NY)

President Trump's newly installed Veterans Affairs secretary, in his first interview since taking office earlier this week, sounded the alarm about the need to fix a critical program allowing veterans to see local private doctors instead of driving long distances to a VA hospital.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Secretary Wilkie leads embattled Veterans Affairs Department](#) (3 August, 32.5M uvm; New York, NY)

On 'Special Report,' the newly sworn in Veterans Affairs secretary talks to Jennifer Griffin about the challenges he faces.

[Hyperlink to Above](#)

1.3 - FOX News (Video): [VA Secretary Robert Wilkie faces his toughest assignment yet](#) (4 August, 32.5M uvm; New York, NY)

Jennifer Griffin speaks with the newly sworn in Veterans Affairs secretary about how he hopes to fix an unwieldy bureaucracy that is supposed to serve nine million veterans.

[Hyperlink to Above](#)

1.4 - Military.com: [New VA Secretary Wilkie Puts 'Forever GI Bill' Expansion Into Effect](#) (3 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs has begun implementing new provisions of the Harry W. Colmery Educational Assistance Act of 2017, better known as the "Forever GI Bill." In one of his first actions since taking the oath of office Monday, new VA Secretary Robert Wilkie said the provisions to expand GI Bill coverage were put into effect Aug. 1.

[Hyperlink to Above](#)

1.5 - WFED (AM-1500, Audio): [Accountability office says VA struggling to track misconduct, protect whistleblowers](#) (3 August, 854k uvm; Washington, DC)

When it comes to dealing with employee misconduct, the Veterans Affairs Department falls short in a couple of ways. It has trouble tracking misconduct because of scattered data gathering systems. It's inconsistent in how it deals with miscreant employees, especially senior people. As for whistleblowers, VA might be "retaliationville."

[Hyperlink to Above](#)

1.6 - The Grand Island Independent: [Forced move to Kearney is cruel](#) (3 August, 191k uvm; Grand Island, NE)

I ask that all who have not read Cathy Howard's Aug. 1 letter to the editor regarding veteran Fred Northup and his wife, Donna, get a copy of the paper and pass it to all you know. I am sure that I am not the only one outraged by this. I also ask that all that are angered write to the editor in support of the Northups' plight.

[Hyperlink to Above](#)

2. Greater Choice for Veterans

2.1 - Fortune, ProPublica: Steve Cohen Is Spending Millions to Help Veterans. Why Are People Angry? (3 August, Isaac Arnsdorf, 7.7M uvm; New York, NY)

Veterans Network was opening a chain of free mental health clinics across the country, backed by \$275 million from hedge fund billionaire Steve Cohen. By contrast to the high-profile scandals at the U.S. Department of Veterans Affairs, the Cohen Network claimed 96 percent client satisfaction.

[Hyperlink to Above](#)

2.2 - Auburn Journal: Fix, fund and fully staff the VA (3 August, Carroll Nast, 149k uvm; Auburn, CA)

Veterans For Peace joined Indivisible Auburn July 20 to display large banners to east-bound I-80 traffic with the messages: "Save our VA" and "Vets say no to privatization." Of us veterans using the VA health care, 80 percent want Congress to fix, fund and fully staff the VA, not privatize it.

[Hyperlink to Above](#)

3. Modernize Our System

3.1 - KAIT (ABC-9): VA clinic now open daily in Pocahontas (4 August, 194k uvm; Jonesboro, AR)

An outpatient clinic for the VA is now open daily in Randolph County, with officials working to offer healthcare services to a large portion of the region. A ribbon cutting was held Friday for the clinic, located at 300 Camp Road in Pocahontas. The clinic is part of the John J. Pershing VA Medical Center in Poplar Bluff.

[Hyperlink to Above](#)

3.2 - Public Opinion: Watertown VA clinic to move, expand (4 August, J.T. Fey, 80k uvm; Chambersburg, PA)

The veterans clinic in Watertown will be moving and expanding during the next 14 months. The Watertown vets clinic will be moving into the former Ace Hardware building at 12 19th St. NE. The clinic will share the building along with its current resident, Snap Fitness.

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3.3 - Kokomo Tribune: VA set to host benefits fair at Peru library (4 August, Carson Gerber, 77k uvm; Kokomo, IN)

VA Northern Indiana Healthcare System is hosting a benefits and enrollment fair in Peru. The event will run from 5 to 7 p.m. Wednesday at the Peru Public Library, 102 E. Main St. Groups from the Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration, county veteran service officers and National Cemetery Administration will all be in attendance, as well as other veteran groups.

[Hyperlink to Above](#)

4. Focus Resources More Efficiently

4.1 - The Hill: [It's difficult, but not impossible, to legislate the toxic VA culture](#) (3 August, Rory E. Riley-Topping, 11.8M uvm; Washington, DC)

If something seems too good to be true, then it probably is. This is especially true when it comes to the federal government, an institution that seemingly has an often times well-deserved reputation for overpromising and under-delivering. That's why, when the president initially created the VA Office of Accountability and Whistleblower Protection via Executive...

[Hyperlink to Above](#)

4.2 - Newsmax: [New VA Secretary Robert Wilkie Holds Promise for America's Veterans](#) (4 August, Van Hipp, 10.8M uvm; Boca Raton, FL)

Last week President Trump lauded his recently confirmed Secretary of Veterans Affairs Robert Wilkie before the Veterans of Foreign Wars (VFW) National Convention, and with good reason. Simply put, Wilkie is one of the president's best appointments.

[Hyperlink to Above](#)

4.3 - The Oklahoman: [Navy veteran: Medical cannabis for veterans is prudent policy](#) (3 August, Nick Etten, 3.8M uvm; Oklahoma City, OK)

America's veterans could soon be granted legal access to medical cannabis. Members of a House-Senate conference committee will meet in the coming weeks to finalize funding for the Department of Veterans Affairs for fiscal year 2019. These lawmakers can save veterans' lives by adopting language already approved by the Senate authorizing VA physicians to recommend medical cannabis to patients in states where it is legal.

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4.4 - The Oklahoman: [OU repays the Oklahoma City VA about \\$14,000 after federal report](#) (3 August, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

The University of Oklahoma has repaid the Oklahoma City VA Health Care System more than \$14,000 after a federal report found medical residents were paid for times when they were not working.

[Hyperlink to Above](#)

4.5 - Military Times: [Commentary: Strides made on VA reforms, but there's more work to do](#) (3 August, Sen. Johnny Isakson (R.-Ga.), 2.1M uvm; Springfield, VA)

America is the greatest country in the world because of those who have put their lives on the line to defend it, and we have an obligation to serve those who have served us. As chairman of the Senate Committee on Veterans' Affairs, I am committed to helping ensure that our veterans who have borne the battle receive quality care and services they can count on.

[Hyperlink to Above](#)

4.6 - WFAA (ABC-8, Video): [Cannabis converts helping North Texas veterans find relief](#) (3 August, Teresa Woodard, 2.1M uvm; Dallas, TX)

Cannabinoid oil, legal to use but not easy to get in Texas, is showing promise in helping veterans manage chronic pain and anxiety. It is not marijuana, but cannabinoid oil, known as CBD oil, is derived from cannabis. Because of that, the Veterans Administration cannot prescribe it, or help veterans get it. So, someone else is stepping in.

[Hyperlink to Above](#)

4.7 - The Times of Northwest Indiana: Blind veteran from Valparaiso helps spur changes at the VA (3 August, Giles Bruce, 1.1M uvd; Munster, IN)

Every time Mike O'Dette tried to fill a medication over the phone with the Veterans Affairs pharmacy, he would be instructed to type in the prescription number. The problem was, he's blind. So the Navy veteran from Valparaiso decided to bring the issue up at a VA town hall meeting in Portage, not to complain but to suggest a way to help hundreds of patients.

[Hyperlink to Above](#)

4.8 - WZTV (FOX-17): Family of Ft. Campbell soldier paralyzed by sniper voices frustration with VA, military (3 August, Adrian Mojica, 484k uvm; Nashville, TN)

The family of a Ft. Campbell soldier who suffered a life-changing injury during combat is sharing their frustration with the Department of Veterans Affairs as they try to keep their son alive and the family together.

[Hyperlink to Above](#)

4.9 - Watertown Daily Times: New studies needed: Feds should allow additional research into effects of marijuana (3 August, 199k uvm; Watertown, NY)

There's obviously something about marijuana that alleviates the pain of various health conditions. And more states have recognized this phenomenon and passed laws to accommodate those who seek help: 30 states and the District of Columbia now permit the use of medical cannabis.

[Hyperlink to Above](#)

4.10 - WTVY (CBS-4, Video): Daleville veterans talk health care at town hall (2 August, Zach Wilcox, 44k uvm; Dothan, AL)

Veterans in Daleville had the opportunity to speak their minds Wednesday. The Central Alabama Veterans Health Care System hosted an open town hall at the Daleville Cultural and Convention Center. Some of the biggest issues that came up were the no-show campaign and the fresh eyes survey.

[Hyperlink to Above](#)

5. Improve Timeliness of Service

5.1 - The Marietta Times: Patients tell doctors they need more (3 August, Michael Kelly, 74k uvm; Marietta, OH)

About 100 people, most of them medical professionals and many of them standing, packed the ground-floor conference room in the Strecker Cancer Center at Marietta Memorial Hospital on Thursday for a town hall meeting about cancer.

[Hyperlink to Above](#)

5.2 - WGXA (ABC-24): [Georgia congressman tour one-star VA medical center in Dublin](#) (4 August, 62k uvm; Macon, GA)

On Friday congressman Rick Allen of Georgia's 12th district visited the Carl Vinson VA Medical Center in Dublin. The center has a one star rating and congressman Allen said he wants to do something about that. He said that by providing a comprehensive plan for the center he hopes it'll get a higher rating in the future.

[Hyperlink to Above](#)

5.3 - Union-Bulletin: [VEText newest veteran's tool](#) (2 August, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

A new tool came over the horizon at the request of veterans. The Jonathan M. Wainwright Memorial VA Medical Center has also added a new tool called VEText, which allows veterans to receive upcoming appointment reminders on their cell phones.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Modesto Bee (Video): [Modesto veteran doesn't want his 'invisible injuries' to be the death of him](#) (3 August, Deke Farrow, 841k uvm; Modesto, CA)

At his lowest points, just a few things have kept Army veteran Eli Price from committing suicide, he said: the thought of causing his mother that pain; not wanting his Army friends, who've already seen so many of their number kill themselves, to endure another loss; and not knowing what, if anything, comes afterward.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Stars and Stripes (Tribune News Service): [He wanted to be buried in a veterans cemetery. But there is no space available in Raleigh and elsewhere](#) (3 August, Anna

Johnson, 1.5M uvm; Washington, DC)

Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery. When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina.

[Hyperlink to Above](#)

7.2 - WFLA (NBC-8, Video): [V.A. attempts to swamp bill extending Agent Orange benefits to Navy veterans](#) (3 August, 692k uvm; Tampa, FL)

The Department of Veterans Affairs tried to torpedo efforts to expand Agent Orange benefits to tens of thousands of Vietnam War Navy veterans.

[Hyperlink to Above](#)

7.3 - The Fayetteville Observer: [Our View: Veterans cemetery will expand; give Silent Sam a new home](#) (3 August, 439k uvm; Fayetteville, NC)

Merit: For the nearly \$6 million grant from the U.S. Department of Veterans Affairs that will help expand and improve the Sandhills State Veterans Cemetery, which sits between Spring Lake and Fort Bragg along N.C. 210.

[Hyperlink to Above](#)

7.4 - The Herald-Dispatch: [Agritherapy for veterans coming to Huntington](#) (3 August, Bishop Nash, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will devise and pilot a new program to provide military veterans with agricultural training, aided by a \$400,000 grant from the U.S. Department of Veteran Affairs' Office of Rural Health.

[Hyperlink to Above](#)

7.5 - Florida Politics: [Miami-Dade County announces virtual end to veteran homelessness](#)

(3 August, Ryan Nicol, 157k uvd; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness. A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust.

[Hyperlink to Above](#)

7.6 - Guam Pacific Daily News (Video): [Some veterans got Agent Orange benefits, many more still waiting](#) (4 August, Haidee V. Eugenio, 141k uvm; Hagatna, GU)

Navy veteran Lonnie Kilpatrick received a letter in April from the Department of Veterans Affairs, reversing its previous decision and approving Agent Orange benefits for him. Kilpatrick was stationed on Guam during the Vietnam War, according to retired Marine Brian Moyer. Moyer is lead organizer for the Agent Orange Survivors of Guam.

[Hyperlink to Above](#)

7.7 - KFOX (FOX-14, Video): [Local veteran goes from homelessness to home-ownership](#)

(4 August, Michael Ikahihifo, 92k uvm; El Paso, TX)

A local veteran has gone from being homeless to owning her first home in El Paso. Cholla Fox served in the U.S. Army for more than 25 years. After leaving the military, she struggled to find a permanent place to live. "Sometimes there are financial problems. Even though you are military, you don't get paid a lot," said Fox.

[Hyperlink to Above](#)

7.8 - Times-Herald: [Mare Island Cemetery advocates slam VA official for objecting to taking the site over](#) (3 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

There may be a glitch in the plan to get the United States to hand the crumbling Mare Island Naval Cemetery over to the Veterans Administration for repair and upkeep. At a key committee meeting on Aug. 1, where testimony in favor of Senate Bill (S. 2881) by Sen. Dianne Feinstein was entered into the record, along with statements of support by the American Legion, a VA official entered a statement opposing the idea.

[Hyperlink to Above](#)

8. Other

8.1 - Telegram & Gazette: Leominster woman admits stealing \$300K in Social Security, veterans benefits (3 August, 653k uvm; Worcester, MA)

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President Trump's newly installed Veterans Affairs secretary, in his first interview since taking office earlier this week, sounded the alarm about the need to fix a critical program allowing veterans to see local private doctors instead of driving long distances to a VA hospital.

If the federal government falls short, Secretary Robert Wilkie warned, "then the entire system collapses."

For Wilkie, it's among the most pressing in an array of challenges he confronts upon taking the helm at the government's second-largest department – and perhaps its most scandal-scarred.

From his office perch two blocks from the White House, Wilkie surveyed the task ahead and homed in on the popular private-doctor program used by millions of veterans. He told Fox News he has promised the president he will address one glaring problem in particular: doctors getting stiffed by the VA.

"The Veterans Affairs Department in the last eight to nine years has not been paying those bills to small-town doctors, to community hospital emergency care facilities," he said.

At issue is a program that was revamped under this administration.

In June, Trump signed a bill to replace the troubled Veterans Choice Program, enacted in 2014 under then-President Barack Obama, to expand access for veterans wishing to see private doctors and other providers to ease the burden on families forced to drive long distances for VA care.

"It makes no sense to me that we require someone to travel -- let's use a state like Montana -- where the distances are enormous, 600 or 700 miles round trip," said Wilkie. "They pass a lot of doctors along the way. We need to bring those doctors into the Veterans Affairs system."

Wilkie said, though, if they can't fix the doctor payment issue and "if we don't get a hold of what we owe Americans who are providing services to our veterans, then the entire system collapses."

That's just the start to his challenges at the sprawling department.

The VA has suffered from a series of high-profile scandals in recent years involving secret wait-lists, systemic neglect and even veterans dying while waiting to see a doctor. Wilkie is the fourth secretary to lead the VA in the past four years.

The VA's \$200 billion budget has doubled in the past decade. The new secretary said of the 370,000 employees under that network, "there are probably 100 bad eggs" in the system still.

One of the first things Wilkie vowed to turn around, though, is a perceived morale problem at the agency that's supposed to serve 9 million veterans.

'Fox & Friends Weekend' co-host Pete Hegseth on how the bill will help veterans.

"This is an institution that has been buffeted by continuous body blows for a number of years," Wilkie admitted.

To tackle the problem, Wilkie plans to be more visible not only at headquarters in Washington but VA hospitals throughout the country. Wilkie said he spent his first day-and-a-half as secretary walking the halls to meet staff, and is joining them for meals in the cafeteria.

"I don't think those simple things have been done," Wilkie said. "I fall back on my military life. I learned at a very early age, listening to those around my family, that in order to be a commander you had to walk your post."

Wilkie is the son of an Army field artillery commander, severely wounded after multiple tours in Vietnam.

"He spent a year in Army hospitals. He came back to us weighing about half of what he did when he left. I watched his recovery. It was agonizing," Wilkie recalled.

So he knows firsthand the struggles of families whose sons and daughters are amputees from the wars in Iraq and Afghanistan, some of whom have been denied wheelchairs because of sloppy paperwork.

"It's a culture in some respects that just looks at a patient as just a generic number coming through the system," he said. "And that's not the way it should be."

Wilkie said amputees and other severely wounded combat vets "need to be at the front of the line."

Asked to pledge to get rid of a widely criticized process forcing amputees to make repeated trips to the VA to prove they're still an amputee, Wilkie replied, "Absolutely."

President Trump uses event to highlight his support for prison reform to make surprise announcement; chief White House correspondent John Roberts reports.
Wilkie also sought to clear the air on Democratic senators' suggestions that the administration is eyeing a privatization of the whole system.

At his confirmation hearing on Capitol Hill weeks after Trump signed the \$55 billion bill to fix Veterans Choice, Wilkie faced a hostile reception from Democratic senators demanding to know if he planned to do just that, something Wilkie's predecessor said was the reason for his firing—not moving to privatize fast enough.

In the interview with Fox News, Wilkie noted such a move would need support from Capitol Hill and said the agency's growing budget does not reflect a move to privatize.

Pressed on whether Trump has set that as a goal, Wilkie said, "No. The president wants to deliver the best care possible."

Wilkie also downplayed a Washington Post report that he is planning to sideline Trump loyalists who have purged longtime VA staff since his predecessor was fired.

"No. In fact, I haven't removed anybody," Wilkie replied, but wouldn't rule out doing so in the future. "As part of any new leadership organization, you come in with a team. You come in to assess. You come in to rearrange."

Firing those who have given the VA a bad name has proved a challenge.

Last year, a disgraced former director of the Washington, D.C., VA had to be rehired just one month after being fired – even though, under his watch, it was found that inventories were so mismanaged that doctors had to run out mid-procedure and borrow from neighboring hospitals while patients were under anesthesia.

"The laws now give you the authority to override most of what I would consider to be the normal bureaucratic protections for those in those situations," Wilkie said.

Another problem is the loss of talent at the VA. More than 20,000 civil servants have left since the start of the Trump administration. Some top jobs remain vacant after 15 months, and the department is short 33,000 doctors and nurses.

"We're going to go crazy trying to fill all 33,000," he said.

Wilkie served as undersecretary of defense for personnel and readiness under Defense Secretary Jim Mattis before being tapped by Trump to lead the VA, after the president ousted Dr. David Shulkin in late March.

Asked if he was worried he might suffer the same fate as his predecessor, fired by tweet, Wilkie replied, "No, the last thing I will pay attention to is any of the usual Washington back and forth. This president has been magnificent to me."

Wilkie also served in the Pentagon under Donald Rumsfeld, worked for Condoleezza Rice and had years of experience on Capitol Hill working for Sens. Thom Tillis and Trent Lott.

In his new office, Wilkie now hangs a portrait of Gen. Omar Bradley, the first secretary of Veterans Affairs after World War II, and has chosen Bradley's desk as his own.

"Bradley was tasked with changing VA to accommodate 11 million soldiers coming off active duty and into VA ranks," he said. "He was really a visionary."

Fast-forward to modern times, and the VA is still grappling with similar challenges, absorbing the soldiers who have come home from two wars stretching back nearly two decades.

Wilkie ended the interview with a message to those veterans: "Something that people need to know: We don't turn veterans down. A private facility might; we don't."

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1.2 - FOX News (Video): [Secretary Wilkie leads embattled Veterans Affairs Department](#) (3 August, 32.5M uvm; New York, NY)

On 'Special Report,' the newly sworn in Veterans Affairs secretary talks to Jennifer Griffin about the challenges he faces.

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1.3 - FOX News (Video): [VA Secretary Robert Wilkie faces his toughest assignment yet](#) (4 August, 32.5M uvm; New York, NY)

Jennifer Griffin speaks with the newly sworn in Veterans Affairs secretary about how he hopes to fix an unwieldy bureaucracy that is supposed to serve nine million veterans.

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1.4 - Military.com: [New VA Secretary Wilkie Puts 'Forever GI Bill' Expansion Into Effect](#) (3 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs has begun implementing new provisions of the Harry W. Colmery Educational Assistance Act of 2017, better known as the "Forever GI Bill."

In one of his first actions since taking the oath of office Monday, new VA Secretary Robert Wilkie said the provisions to expand GI Bill coverage were put into effect Aug. 1.

The VA said the new provisions "will have an immediate and positive impact on veterans and their families using VA benefits to pursue their educational goals."

"We are excited to get the word out about implementation of the provisions," Wilkie said in a statement. "From the day the Forever GI Bill was signed into law, VA, in collaboration with Veterans Service Organizations, state approving agencies and school certifying officials, has taken an expansive approach to ensure earned benefits are provided to veterans in a timely, high-quality and efficient way."

The VA said 15 new provisions of the GI Bill went into effect Aug. 1, in addition to 13 that were already in place.

Among the new provisions is one making recipients of the Purple Heart awarded on or after Sept. 11, 2001, eligible for full post-9/11 GI Bill benefits for up to 36 months, if they were not already entitled.

Another new provision expands the "Yellow Ribbon Program," in which degree-granting institutions of higher learning can agree to make additional funds available to a veteran's education program without an additional charge to the GI Bill entitlement.

The new provisions also allow additional Guard and Reserve service to count toward post-9/11 GI Bill eligibility.

At a House Veterans Affairs Subcommittee on Economic Opportunity hearing last month, the VA said it had to overcome numerous Information Technology (IT) challenges to ready the new provisions to be put in place.

"This is a complex, heavy-lift effort," retired Maj. Gen. Robert Worley II, director of VA education services, said in his testimony. The VA had hoped to begin implementation on July 16 but had to delay until August, he said.

The VA estimated that putting systems in place to accommodate the new provisions would cost about \$70 million.

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1.5 - WFED (AM-1500, Audio): Accountability office says VA struggling to track misconduct, protect whistleblowers (3 August, 854k uvm; Washington, DC)

When it comes to dealing with employee misconduct, the Veterans Affairs Department falls short in a couple of ways. It has trouble tracking misconduct because of scattered data gathering systems. It's inconsistent in how it deals with miscreant employees, especially senior people. As for whistleblowers, VA might be "retaliationville."

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1.6 - The Grand Island Independent: Forced move to Kearney is cruel (3 August, 191k uvm; Grand Island, NE)

I ask that all who have not read Cathy Howard's Aug. 1 letter to the editor regarding veteran Fred Northup and his wife, Donna, get a copy of the paper and pass it to all you know. I am sure that I am not the only one outraged by this. I also ask that all that are angered write to the editor in support of the Northups' plight. I think we as a community should demand arrangements be made for Fred to remain in a Grand Island hospice — either at the old Lutheran Hospital or at the VA Medical Center.

To take him out of this community would be cruel and unusual punishment for both him and his spouse and should not ever be tolerated.

Are you still "smiling," Mayor Jensen? How about our city council members? Are you all pleased with what you have wrought. This is what comes of greed and no compassion for your fellow humans. None of you will be able to wash the blood off your hands on this one.

Also, I would like to make one thing very clear to Mr. Jensen. Our Veterans Home residents are not "moving." They are being "evicted."

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2. Greater Choice for Veterans

2.1 - Fortune, ProPublica: Steve Cohen Is Spending Millions to Help Veterans. Why Are People Angry? (3 August, Isaac Arnsdorf, 7.7M uvm; New York, NY)

Veterans Network was opening a chain of free mental health clinics across the country, backed by \$275 million from hedge fund billionaire Steve Cohen.

By contrast to the high-profile scandals at the U.S. Department of Veterans Affairs, the Cohen Network claimed 96 percent client satisfaction. In a statement for the hearing, the organization said its clinics “provide a desirable alternative” to the VA — a clear echo of President Donald Trump’s campaign promise to let veterans skip the VA for “a private service provider of their own choice.”

But at that same moment, across the country, the Cohen Network was closing its clinic in Los Angeles less than a year after it opened. The Cohen Network’s leaders had alienated the staff there, former employees said, by telling them to prioritize healthier patients over homeless veterans. The shutdown was so hasty that former therapists said it left some patients in the lurch.

Privatization has become the defining controversy at the VA under the Trump administration. Conservative billionaires such as the Koch brothers and Ken Langone want veterans to increasingly see private doctors, while traditional veterans organizations want to maintain the government-run health system.

The Cohen Network has become a test case for both sides. It is either proof that the private sector can do the job better than the VA — or a template for diverting taxpayer dollars to unaccountable private groups.

Steven Cohen is perhaps an unlikely person to find himself in the crossfire of this debate. He is best known as the billionaire hedge fund titan whose investment returns were the envy of Wall Street, until prosecutors busted his firm for insider trading. (Cohen, 62, was not personally charged; he declined to be interviewed for this article.) Since then, Cohen has launched a new hedge fund and opened 10 clinics serving veterans across the country.

A thorough examination of the Cohen Network’s record — including internal documents, emails and dozens of interviews with current and former employees — reveals a different story from the one the Cohen Network tells about itself. The clinic at the University of Southern California was doomed by the Cohen Network’s mismanagement and insistence on a narrow focus that helped only a subset of veterans, former employees said. “The model we ended up believing would really serve veterans was different than the model the Cohen Network was proposing all clinics operate under,” said Marv Southard, who served as CEO of the Cohen clinic at USC and is now chair of USC’s doctor of social work program. The network’s original clinic, at New York University, got into a spat over who would own the patent rights from research that Cohen funded. And shortly after the hearing, Cohen mounted an aggressive lobbying campaign to get the government to subsidize the clinics.

The Cohen Network and Cohen’s own spokesman insist they’re not trying to privatize the VA and their only goal is helping veterans. “No single private person in this country has ever donated more money to save veterans’ lives and treat their mental health needs than Steve Cohen has,” Cohen’s spokesman, Mark Herr, said. The organization blames others for the problems in Los Angeles, New York and Washington.

The story of the Cohen Network illustrates what could lie in store for veterans as Trump pursues his campaign pledge to place their care in the hands of the private sector.

When the Cohen Network opened the LA clinic in mid-2016, it attracted talented therapists with what appeared to be a rare opportunity to treat veterans as if money were no object. "It almost seemed too good to be true," one of the clinicians said. "And, in fact, it was."

The disappointment started as soon as the staff showed up. The clinic turned out to consist of a hallway shared with the dermatology department inside a USC facility. There were only three therapy rooms for six therapists; they were supposed to take turns and then walk to a different office several blocks away.

The next problem was the software for the patients' medical records. Many of these systems are clunky, but clinicians said this one was the worst they'd ever used. They would fill out a long form and click submit, only to find their session had timed out and they had to start over. Session notes mysteriously vanished. "It was completely substandard compared to what we would have expected from this organization," said Kathryn Arnett, the clinic's director.

The Cohen Network's CEO, Anthony Hassan, shot down complaints about the software, so staff across the network convened secret conference calls to troubleshoot, according to former employees. In written responses to questions, Hassan said it's "absurd and untrue" that he lashed out at employees who spoke up about the software. He also denied it ever had problems, saying "there was no bug in the system."

But a February 2017 internal review concluded otherwise: "There are ongoing clinical data errors in the system," Cohen Network officials wrote.

Because of these problems, some current and former employees doubt the Cohen Network's claims about its results. The client satisfaction survey, for example, was completed by only 6 percent of exiting patients, according to an October 2016 email from the network's chief operating officer. The Cohen Network said the response rate has since risen to 59 percent. Still, that's lower than typical for published studies and it means the score might not represent all patients' views, particularly since there's evidence that happier patients are more likely to complete the survey. ("We're confident in the integrity of our data," Hassan said, but he declined to elaborate on how they inspect and validate the data.)

The Cohen Network wanted more patients and was displeased with low turnout: An internal review found that the LA clinic, in its first six months, saw just 116 clients, which cost the clinic \$10,282 each. "The average cost per client is very concerning, as is the low client count," two executives wrote. Some of the clinicians had seen an emphasis on cost and volume at public agencies or cash-strapped nonprofits, but they struggled to understand such scrimping from the well-funded Cohen Network.

The Cohen Network's focus on measurable outcomes influenced the care that the clinics would provide. Clinicians were supposed to use a set of six- to 15-week treatment programs that have been shown to help with PTSD, insomnia, depression and anxiety.

But patients often have multiple conditions that don't fit neatly into 12 weekly sessions. The Cohen Network's limited scope led some other organizations that serve veterans to stop referring people there. "I didn't think their model invested enough in engagement and after-care and focused too much on short-term intervention," said Southard, who led the Los Angeles County Department of Mental Health for 17 years before becoming CEO of the Cohen clinic at USC. "The biggest disjuncture between USC's vision and the Cohen network's vision," he said,

"was we were aiming at people with more serious issues and problems and we needed a model that would serve them."

The Cohen Network's focus on measurable outcomes for PTSD led the LA clinic to shun some of the neediest patients. Because of the clinic's location in a gritty part of downtown Los Angeles, many veterans who walked in were homeless. Homeless patients were hard to follow up with, which could be a drag on the clinic's metrics. In an internal memo, Cohen officials chastised the staff for "targeting inappropriate client populations (e.g., transient/homeless, chronically mentally ill)."

Clinic staff were devastated. "All of us came here believing we were going to help the people who need us the most, and they said no," said Arnett, the USC clinic's director. "They weeded out the most compromised veterans." This is exactly what the VA's defenders have long warned would happen to veterans left to the private sector.

Hassan countered that the clinic simply wasn't equipped to treat people with chronic mental illness or who needed inpatient treatment for drug addictions. "Our network provides short-term outpatient psychotherapeutic care delivered through weekly or biweekly sessions," he said. The Cohen Network, he added, is intended to fill in gaps in the existing system, not to replace it.

Steve Cohen arrived to tour the clinic in October 2016, with a New York Times photographer in tow. A spokesman said Cohen was "impressed by the effort made by USC," but people who were present recall it differently. Cohen didn't like how small the clinic was, they said. He didn't like that people needed to be buzzed in (a security measure). He didn't like the neighborhood. As Arnett recalled it, "He said, 'Why can't we have this?' and 'Why isn't it like that?' He took a few pictures and stayed less than half an hour."

In response to Cohen's dissatisfaction, staff looked into moving the clinic to more affluent Pasadena, which would be more expensive and cater to a different kind of client.

In June 2017, Hassan emailed the staff to say the clinic was closing, with no explanation. The abrupt shutdown cut off some patients in the middle of treatment, according to three former clinicians and three other former employees. Clinicians said they had some patients who had just completed intake or opened up about a traumatic experience for the first time. The therapists had to tell them they couldn't continue. For his part, Hassan insisted that no patient's treatment was interrupted and that USC was supposed to tell the Cohen Network about any patients who needed their treatment to be extended.

The therapists tried to find referrals for all the patients to continue treatment elsewhere, but there wasn't always another provider available. The Cohen Network sent a list of resources, printed on expensive paper, but the therapists said it wasn't helpful. "It looked like someone had Googled 'mental health Los Angeles' and picked the top three results," a third former clinician said.

The Cohen Network initially said the clinic would reopen, but as the months went by it never did, and eventually Los Angeles disappeared from the map on its website. "We just ghosted," a former employee said. "We just split town, and what about all of these patients? The really bad part is, nobody seemed to care."

Cohen got involved in veterans' health for the most personal of reasons: His son Robert joined the Marines and deployed to Afghanistan in 2010. It was "obviously, as a parent, a very scary

thing,” Cohen has said. “Now, he came back, he’s fine, but not every vet is.” For Cohen — whose interests until that point were limited to trading stocks, collecting art, spending time with his family and rooting for the New York Yankees — it was a life-changing experience, according to a person close to him. Cohen established his first veterans clinic at NYU in 2013.

That was the same year his hedge fund, SAC, pleaded guilty to insider trading. Prosecutors circled Cohen for almost a decade, nabbing eight of his lieutenants (although some of those convictions were later overturned). In one case, a trader got a sneak peek at discouraging clinical trial results affecting two pharmaceutical companies. Cohen had \$700 million riding on those stocks. The trader called Cohen, who then liquidated his position and bet \$260 million that the stocks would fall. When the results of the clinical trial became public, the trade netted SAC about \$276 million, the biggest profit from insider trading ever.

The trader, Mathew Martoma, is serving a nine-year sentence, but he refused to testify against Cohen, so prosecutors could not prove whether or not he told Cohen anything about how he got his information. They indicted SAC as a company, but not Cohen personally. The Securities and Exchange Commission sought to ban Cohen from the hedge fund industry for life, but settled on a two-year hiatus. (This cat-and-mouse game loosely inspired the Showtime series “Billions.”)

Cohen opened a firm called Point72, which was initially a family office that managed his own \$11 billion fortune, and has since begun to manage money for outside investors. He printed a mission statement and list of core values — starting with “Ethics & Integrity” — on a big poster for the staff to sign. He hired a 55-person compliance team that now reads all of his emails and routinely restricts trades, according to Herr, Cohen’s spokesman. “We have the most aggressive compliance and surveillance department on Wall Street,” Herr said. “It would be hard to have done more than we have.”

The staff of the nonprofit Cohen Veterans Network, which was formally launched in 2016, works in the same building, outfitted like the traders in branded fleeces. “It’s almost as if I’m one of the portfolio managers. I’m just not making money, I’m spending money,” Hassan once told a Bloomberg reporter. “We very much feel part of the firm.”

Cohen got started at NYU when Ken Langone, the name donor of the university’s hospital system, connected him with Charlie Marmar, the chair of the psychiatry department. Marmar, who’d spent 21 years at the San Francisco VA, had an idea not only for a mental health clinic but for research on the biological signs of PTSD. Cohen and Marmar discussed the vision over poached eggs and coffee at Cohen’s Greenwich mansion, where Cohen dazzled Marmar with the Picassos on the walls and the Warhol in the bathroom, two of Marmar’s colleagues recalled.

The mission, as one researcher involved in the project described it, was to find a “pregnancy test for PTSD”: a blood test or a brain scan that could be used to diagnose PTSD, rather than relying on self-reported symptoms. Better understanding the biology might also lead to more effective treatments.

Some experts were skeptical that a biological test could work for a complex and varied psychiatric condition like PTSD. The Departments of Defense and Veterans Affairs had already sunk millions into pursuing PTSD biomarkers, with little to show for it. “We mostly rolled our eyes and said good luck,” said Terence Keane, director of the National Center for PTSD’s Behavioral Science Division at the Boston VA. “Why would that be what Steve Cohen wanted to put his money into?”

In Keane's view, there were many more deserving research endeavors in need of funding. Still, a diagnostic test for PTSD, if one could be found, would have a clear market. Nearly a million veterans receive government checks based on a diagnosis of PTSD. So a functional test could decide how the VA distributes billions of dollars — and make a lot of money for whoever commercialized it.

Cohen launched a second nonprofit organization, called Cohen Veterans Bioscience, to lead the research. Its CEO, a former pharmaceutical executive named Magali Haas, sent researchers contracts asking them to sign over intellectual property rights, according to three people who reviewed the agreements.

That caused friction with NYU researchers and lawyers, who objected to what they viewed as the Cohen group's revenue grab — or wanted the university to share in the possible windfall, according to a person present for conversations on this point. NYU declined to comment.

In recent years, foundations have shown increasing interest in possible commercial applications of research they support. Major philanthropies, such as the Bill & Melinda Gates Foundation, the Andrew W. Mellon Foundation and the MacArthur Foundation sometimes retain a license to use inventions they've funded, much as the federal government does, while working to ensure that the discoveries benefit the public. Others, like the BrightFocus Foundation, have pushed further, seeking royalties from discoveries they fund.

But it's rare, experts say, for foundations to seek total control over intellectual property developed by the academics whose work they fund. Universities typically object because they consider themselves more qualified to use the IP to advance research and benefit the public. And since foundation grants typically don't cover universities' full costs including overhead, they don't want to be in the position of subsidizing commercial research. "There were cases where industry was using this as a ploy to get a lower rate on research costs and get ownership of technology in a sweetheart deal," said Wes Blakeslee, the retired director of the Johns Hopkins University Technology Transfer Office.

The disagreement over intellectual property led Cohen to stop funding Marmar's research, according to two people involved in the project. Haas disputed that, saying in an interview that NYU didn't get more money because it mismanaged the original grant. She then followed up with an email, this time saying the study ended because NYU finished recruiting subjects.

Cohen Veterans Bioscience moved on from NYU, scooping up existing biological samples and datasets, and funding top researchers. But some scientists said they turned down Cohen out of discomfort with the IP arrangements. "They have offended many people across the country," said Keane of the National Center for PTSD. "The undercurrent is they're trying to get a silver bullet to make money, and that's why a lot of groups are not collaborating with them."

Haas said Cohen Veterans Bioscience shares intellectual property rights with collaborators, but they're still hammering out the details. "The only thing we're interested in is trying to move the science forward," she said. If the organization did have rights to an invention that it could license to a drug company to develop, she said, all the proceeds would fund future research.

Cohen's spokesman, Mark Herr, said Cohen won't invest in anything that arises from Cohen Veterans Bioscience's work. "We maintain a church and state separation between the two, and that will not change in the future," he said in a statement.

When Cohen started his collaboration with NYU, Langone and a fellow NYU trustee, former AIG CEO Maurice “Hank” Greenberg, told faculty members that the goal of the clinic was to create a private alternative to the VA, according to two people familiar with the discussions. “Langone and Greenberg were really into privatizing the VA, and the big motivation behind the Cohen clinic was to be proof of concept,” one of the people said. (Greenberg declined to comment. Langone’s spokeswoman referred questions to NYU, which declined to comment.)

Cohen wasn’t present for those meetings, and his spokesman said he doesn’t support privatizing the VA or envision the Cohen Network as a model for doing so.

Last year, Cohen set out to persuade Congress and the Trump administration to reimburse his clinics for veterans treated there. (Cohen contributed \$1 million to Trump’s inauguration and another \$1 million to the House Republicans’ super PAC in April 2017.)

From the beginning, the Cohen clinics were advertised as free to patients, but the plan was always to start seeking reimbursement for their treatment. By their fourth year in operation, clinics are supposed to supply 25 percent of their own funding from insurance reimbursements, local philanthropy and government grants, according to information posted on the Cohen Network’s website. That figure rises to 50 percent by year six. In some cases, billing insurers also requires charging copays from patients.

Hassan said the clinics never turn away patients who can’t pay. He called collecting reimbursements a common-sense way to extend the reach of Cohen’s gift and make the clinics sustainable; like Haas, he said any revenues would be used to offset costs.

As part of his pursuit of government reimbursements, Cohen contacted fellow billionaire Ike Perlmutter, the enigmatic Marvel Entertainment chairman who has unofficially advised Trump on veterans policy. Cohen had a phone call with Perlmutter late last summer to sell him on the network, according to a person familiar with the call. Perlmutter questioned why Cohen would go to so much trouble to open brick-and-mortar clinics when other nonprofit organizations have leaner models, the person said. According to this person, Perlmutter warned then-VA secretary David Shulkin to be careful with Cohen. (Perlmutter’s representative declined to comment, and Shulkin didn’t answer requests for comment.)

Cohen also sought advice from a person who shaped President Trump’s position on the VA: Jeff Miller. As chairman of the House veterans committee, Miller had been a harsh critic of the VA and promoter of private alternatives. He was one of the first lawmakers to endorse Trump and became the candidate’s point man on veterans issues. After Miller retired from Congress in January 2017 and joined a big law firm, his first lobbying client was Steve Cohen.

In September 2017, Cohen Veterans Bioscience flew researchers from around the country to a lavish summit in Washington, featuring a speech by Shulkin and a panel moderated by Miller. At a cocktail party at the National Portrait Gallery, Cohen lingered behind bouncers in a roped-off area, summoning people he wanted to talk to, an attendee recalls. A day after the summit, Cohen Veterans Bioscience held a briefing for congressional staff in the House veterans committee hearing room. Cohen Veterans Bioscience also joined a coalition with two pharmaceutical companies to lobby for access to VA datasets and biological samples.

Cohen’s representatives repeatedly complained to government officials that his clinics couldn’t get reimbursements from the VA. In one meeting, the leader of a veterans organization corrected Miller, pointing out that the Cohen Network could, in fact, enroll in a program for

buying private-sector care (a program Miller had actually helped create). But that would require each patient to obtain advance approval from the VA. Miller made clear that the Cohen Network wanted to see the veteran first, then send the VA the bill.

Miller set out to change the law to let the clinics do exactly that. His team visited the office of every member of the House veterans committee and drafted a bill to let the VA pay for veterans who walk in to private mental health providers like the Cohen clinics. "Here is language to get you started," they wrote in an email to congressional staff.

The lobbyists recruited a freshman lawmaker from each party, both former Marines, to sponsor their bill and tried to rush it through the House on a voice vote in time for Veterans Day.

But the bill raised objections from major veterans organizations. They generally oppose privatizing the VA because the health system remains popular with their members despite recent scandals. A few days later, the VA weighed in with more than a dozen concerns about the bill, including that it carved out a new private-care program conflicting with other laws on eligibility and funding.

Miller called a meeting with the major veterans groups to brief them on the bill. The veterans groups agreed among themselves to present a united front. Meanwhile, they pressured the Democratic cosponsor to drop out and waved other lawmakers off the bill. Miller caught wind of the counterattack, but by the time the veterans organizations showed up at his office overlooking the Capitol in late October 2017, the bill was dead.

Thwarted in Congress, Miller fared better with the Trump administration. He contacted senior VA officials in the hopes of forming a partnership with the Cohen Network. They signed an agreement in October 2017 that didn't offer much other than to share data that was already publicly available. The VA has scores of similar agreements with other organizations.

But soon after the agreement was in place, Cohen's representatives raised the issue of getting reimbursements for the clinics. That made VA officials feel tricked, according to a former agency official.

Veterans groups and some lawmakers were suspicious when they found out about the partnership. The Cohen Network "must be transparent about its organization and compliance with federal law," the top Democrats on the House and Senate veterans committees wrote in a March 5 letter to Shulkin demanding more information.

Nevertheless, the Cohen Network succeeded in getting approved to receive reimbursements from the VA. A Cohen Network official downplays the payments, saying they've amounted to \$500 so far.

But after Miller's lobbying campaign, that does little to reassure defenders of the VA's healthcare system. "The problem is there's only so much government money in veterans' care," another former VA official said. "If you start trying to carve into that to feed things like the Cohen Veterans Network, that's actually privatization. It's going to be death by a thousand cuts."

The resistance to the Cohen clinics is vexing for Cohen, who believes he's trying to make a positive impact. "Steve Cohen is helping repay the debt we owe our veterans," said his spokesman, Herr, "and it is shameful that anyone doubts or impugns his generosity."

Cohen is undeterred. The network just opened its 10th clinic and plans to have 25 by 2020. Cohen believes the network is succeeding, Herr said, and is considering expanding his support beyond the \$275 million he's already committed.

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2.2 - Auburn Journal: [Fix, fund and fully staff the VA](#) (3 August, Carroll Nast, 149k uvm; Auburn, CA)

Veterans For Peace joined Indivisible Auburn July 20 to display large banners to east-bound I-80 traffic with the messages: "Save our VA" and "Vets say no to privatization."

Of us veterans using the VA health care, 80 percent want Congress to fix, fund and fully staff the VA, not privatize it. We want people to know that the Koch brothers and Trump want to profit from veterans health care since it is one of the largest budget items in the federal government. If they succeed it will cost taxpayers 30 percent more and provide inferior care for our nation's veterans. Another motive for privatization is that VA hospitals are located on choice real estate in most major cities. Ultimately they will be sold to developers if we don't elect people to government who value veterans health over profit. A recent Rand study shows that the VA provides equal or better care in all categories measured, compared to the private

for-profit industry. This is in spite of congress under funding the VA for decades.

That gave them an excuse to divert money to the "Veterans Care" and "Community Care" programs, instead of providing the resources for the VA to catch up. Quality of care in these private programs has never been assessed, but wait times are often longer than at VA. The increase in vets using VA health care has outpaced the increase in funding since 9/11.

There are now 35,000 medical and 15,000 non-medical positions vacant in the VA. If Congress would only fill these vacancies and provide the funds to catch up on deferred maintenance and expanding facilities, the private programs would rarely be needed. Occasional referrals to the private sector is sometimes beneficial to the veteran and should continue on a case by case basis.

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3. [Modernize Our System](#)

3.1 - KAIT (ABC-9): [VA clinic now open daily in Pocahontas](#) (4 August, 194k uvm; Jonesboro, AR)

An outpatient clinic for the VA is now open daily in Randolph County, with officials working to offer healthcare services to a large portion of the region.

A ribbon cutting was held Friday for the clinic, located at 300 Camp Road in Pocahontas. The clinic is part of the John J. Pershing VA Medical Center in Poplar Bluff.

According to a media release, the clinic, which was previously open on Tuesday and Thursday, will provide medical care for veterans. Officials say a main goal of the clinic is to help veterans who are not enrolled in VA healthcare, with the event Friday allowing veterans to sign up for help.

Veterans who had been receiving VA care in Paragould also had the opportunity to transfer their healthcare to Pocahontas during the event, while pneumonia vaccinations were also given.

Anyone interested in learning more about the clinic can go to the medical center's website.

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3.2 - Public Opinion: [**Watertown VA clinic to move, expand**](#) (4 August, J.T. Fey, 80k uvm; Chambersburg, PA)

The veterans clinic in Watertown will be moving and expanding during the next 14 months

The Watertown vets clinic will be moving into the former Ace Hardware building at 12 19th St. NE. The clinic will share the building along with its current resident, Snap Fitness.

"We're very happy. This is a great move for us," said Dr. John Sneden, medical director at the Watertown clinic. "We'll have more space, more services and continue to add services. We're hoping to add another provider."

Sneden said the clinic's 10-year lease at its current location will soon expire. In anticipation of the expiring lease, Veterans Affairs officials had been seeking a larger location.

Construction is expected to begin in late fall or early winter of 2019, but Sneden said the clinic isn't expected to open until October of 2019, in part because of all the additional plumbing that must be added to new location.

The current Watertown Community Based Clinic has 6,895 sq. feet, and the new clinic will add nearly 3,000 sq. feet for primary care, expanded mental health and telehealth services, as well as for physical therapy treatment.

The VA staff serves approximately 2,300 veterans from 11 surrounding communities. The new clinic will have capacity to see up to 3,000 vets. Sneden's hope is that the new site will allow certain procedures to be done in Watertown instead of requiring a vet to travel to Sioux Falls.

The Watertown VA clinic opened in 2009 as a temporary mobile clinic near the National Guard Armory. Currently located in the Willow Creek Plaza, the clinic has continued to grow with the support of Watertown area veterans and the community.

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3.3 - Kokomo Tribune: [**VA set to host benefits fair at Peru library**](#) (4 August, Carson Gerber, 77k uvm; Kokomo, IN)

PERU – VA Northern Indiana Healthcare System is hosting a benefits and enrollment fair in Peru. The event will run from 5 to 7 p.m. Wednesday at the Peru Public Library, 102 E. Main St.

Groups from the Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration, county veteran service officers and National Cemetery Administration will all be in attendance, as well as other veteran groups.

Updates will be given on various veteran programs and initiatives during the event.

Veterans can visit to ask about VA disability and compensation, enrollment into VA healthcare and any other veteran-related questions at the event. No appointments are necessary.

The fair comes as the VA works toward building a new outpatient clinic in the area to replace the current Peru facility. The new clinic is set to double in size and staff as part of an effort to expand healthcare services to veterans throughout northern Indiana.

VA officials said last year they are seeking property to increase the size of the facility to around 20,000 square feet. That will double the current number of primary-care providers at the clinic from three to six, according to Jay Miller, associate director of operations for the VA Northern Indiana Health Care System, which oversees the Peru clinic.

He said in a previous interview the facility at 750 N. Broadway was originally slated for an expansion in 2020, but that process has been expedited because of feedback from area veterans, who expressed concerns about wait times and the quality of care during a VA town hall meeting in December.

The facility's new location has not yet been announced.

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4. Focus Resources More Efficiently

4.1 - The Hill: It's difficult, but not impossible, to legislate the toxic VA culture (3 August, Rory E. Riley-Topping, 11.8M uvm; Washington, DC)

If something seems too good to be true, then it probably is. This is especially true when it comes to the federal government, an institution that seemingly has an often times well-deserved reputation for overpromising and under-delivering.

That's why, when the president initially created the VA Office of Accountability and Whistleblower Protection via Executive Order in April 2017, many whistleblowers within the agency were skeptical that the newly created office would truly bring about change and accountability in the government's "most repressive agency."

Because issues pertaining to VA accountability have been a long-time headache for members of Congress, they too wanted to believe that the OAWP could fix VA's toxic culture of retaliation against anyone who dared to question the agency's leadership. Accordingly, Congress granted the OAWP additional authority pursuant to the VA Accountability and Whistleblower Protection Act, which was signed into law in June 2017.

Although the OAWP has only been in existence for a little over one year, it is a failed experiment in government accountability and transparency. It is time for Congress to pull the plug.

First, VA has a cultural problem, not a legislative one.

As I have previously argued, many of VA's accountability problems are due to a high tolerance for corrupt practices — a concept that was highlighted by investigative journalist Mike Volpe at this past week's Whistleblower Summit on Capitol Hill — as well as a perception by agency leaders that it is above the law and any outside oversight.

Indeed, just recently, Acting VA Secretary Peter O'Rourke tried "to control, if not intimidate" the Inspector General over the sharing of whistleblower information from the OAWP that O'Rourke — notably the prior director of the OAWP — refused to provide.

Despite Congress' best attempts, it is difficult, if not impossible, to legislate culture. VA needs to change its internal habits far more than it needs Congress to change the law.

To this end, the VA Accountability and Whistleblower Protection Act has thus far been the equivalent of a car without gas; yes, it is a vehicle to assist you in getting to where you're going, but without more, it is basically useless.

Second, there are the numbers. Although VA employees only account for 18 percent of the federal workforce, they accounted for 31 percent of whistleblower complaints submitted to the Office of Special Counsel.

There are also the OAWP's budget numbers. According to a report prepared by VA on the Activities of the OAWP and submitted to the House and Senate Veterans' Affairs Committees, the OAWP has an annual budget of \$17.3 million dollars to maintain 73 full time employees (while requesting 102) and handling 182 cases.

By contrast, during the same time period, the Office of Special Counsel's budget was only modestly greater, at \$26.5 million dollars, despite the fact that OSC maintains a staff of only 144 full-time employees to oversee whistleblowers for the entire federal government, which included 18,058 complaints.

That's quite a difference in how federal dollars are spent and accounted for, but this comes as no surprise to those who are familiar with VA's budget.

As noted by the bipartisan duo of retired legislators Bill Frist (R-Tenn.) and Jim Marshall (D-Ga.) shortly after the emergence of the 2014 patient wait time scandal, "[i]f endless funding, more personnel or piecemeal reforms were the answer, the VHA wouldn't be failing."

As conceded by OSC, VA does produce a higher volume of whistleblower complaints than other agencies; nonetheless, duplicating efforts at a time when additional federal dollars are hard to come by seems like a questionable decision.

Finally, and perhaps most importantly, are the facts. In a July 2018 report, the GAO found that the VA OAWP lacked standardized practices and procedures, making it nearly impossible to verify its actions. More importantly, however, the GAO also found that whistleblowers at VA

were ten-times more likely to be disciplined than their peers and that managers were often tasked with investigating themselves, a blatant conflict of interest.

If accountability and whistleblower protection are the goals, as the name of the office would indicate, this is a failed mission.

So, rather than throwing more money and personnel at yet another failing VA business line, what should Congress and the VA do? There are several steps that can help to improve accountability and whistleblower protection that do not involve further investment in the OAWP.

First, the VA has the benefit of a new secretary as of earlier this week, Robert Wilkie. Wilkie can begin by sending a strong message to those within the VA that past retaliatory practices will not be tolerated. He can send that message by immediately terminating those who've participated in the retaliation, rather than making the fatal mistake of his predecessors — trying too hard to be liked by everyone. With a workforce of 360,000 employees, no one is going to be universally liked, no matter how good they are at their job. Wilkie needs to accept this and do what's best for the agency.

Second, Congress can alter the Whistleblower Protection Act by providing those who claim its protections with the same rights as those who file claims pursuant to the Civil Rights Act or the Rehabilitation Act — that, if the MSPB cannot hear their claim within 180 days, they may file suit in the District Court where they reside. Providing an avenue toward independent resolution of issues outside of another bureaucracy — the MSPB — will help resolve disputes more efficiently while ensuring independent review.

Finally, if VA is set on having an internal review office for whistleblower claims, they should remove the OAWP or any equivalent to the purview of the OIG. Since many whistleblower complaints are simultaneously filed with the OIG anyway, this would provide streamlined processes and also preserve the independent nature of a fair investigation.

Overpromising and under-delivering are easy, which is why solutions to problems such as the internal OAWP are often too good to be true. Working hard to find practical solutions is difficult, but improving morale, decreasing government spending, and saving lives make the exertion worthwhile.

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4.2 - Newsmax: [New VA Secretary Robert Wilkie Holds Promise for America's Veterans](#) (4 August, Van Hipp, 10.8M uvm; Boca Raton, FL)

Last week President Trump lauded his recently confirmed Secretary of Veterans Affairs Robert Wilkie before the Veterans of Foreign Wars (VFW) National Convention, and with good reason. Simply put, Wilkie is one of the president's best appointments.

In short, Wilkie brings the best skill set we've ever had in an incoming VA Secretary. It's a skill set and real experience the scandal-ridden department, best known for inefficiency, sorely needs.

Wilkie, the son of a career Army officer has served in uniform himself, and with distinction. He knows the needs of our veterans first hand. A long-time staffer in both the U.S. House of

Representatives and U.S. Senate, he knows how to get things done for our veterans on Capitol Hill. He also served on the National Security Council under Condoleezza Rice and as Assistant Secretary of Defense under Donald Rumsfeld.

His most recent experience as Under Secretary of Defense (Personnel and Readiness), however, is what he can draw on to have the greatest immediate impact on the VA. For years, the Department of Defense would try to give new medical technology it had developed for the warfighter to the VA to help our nation's veterans. Time and time again, the VA would turn it down, only to spend taxpayer dollars to reinvent what the Pentagon had on a shelf. Congress, fed up with this, started the DOD/VA Health Care Sharing Incentive Fund. Now known as the Joint Incentive Fund (JIF), it has been representative of the kind of mechanism we need in place to ensure our veterans get the best healthcare and access to the best medical technology available, while being good stewards of taxpayer dollars.

During the 2016 presidential campaign, the ineptitude of the Department of Veterans Affairs and its failure to properly take care of our nation's veterans was a major issue. America's veterans wanted real change at the VA, and then-candidate Donald Trump responded with his ten-step plan to bring real reform to the troubled department. Our nation's veterans responded and played a big role in his election to the presidency.

Today, there is no doubt that President Trump is focused on reforming the VA to better serve our veterans. There is much to do. Our veterans wait too long for healthcare. There is a different standard of care depending on which part of the country you live in. In fact, The VA regions (known as VISNs) each have different medical products on their approved lists for such things as wound care. Thus, a VA medical center in Alabama may not be able to give a veteran a needed medical product that he could get if he or she were at a VA facility in Virginia. There are also way too many sole-source contracts being awarded and not enough competition. Open competition and pilot programs showcasing the latest medical technology will benefit both our veterans and taxpayers. And we still hear horror stories about the VA claims process. When going through a claim, why should the VA spend more taxpayer dollars on services that have already been performed by a military doctor?

These are just a few of the many challenges facing our new VA Secretary. There will need to be true transformational change in the VA's culture for any true improvement in our veterans' care. We must have a "VA owns it" mentality and get rid of those employees who don't embrace the culture change.

Over the years senior government officials, including one cabinet secretary and one four-star general, have told me, "I wish I knew then what I know now." They were co-opted by the bureaucracy when they assumed their positions and were convinced that all was fine when it wasn't.

Robert Wilkie has a chance to be the best VA Secretary we've ever had at a time when we really need it. The reason is that he can't be hoodwinked by the institutional bureaucrats. The veterans of our country need a secretary like this and it's about time.

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4.3 - The Oklahoman: [Navy veteran: Medical cannabis for veterans is prudent policy](#) (3 August, Nick Etten, 3.8M uvm; Oklahoma City, OK)

America's veterans could soon be granted legal access to medical cannabis. Members of a House-Senate conference committee will meet in the coming weeks to finalize funding for the Department of Veterans Affairs for fiscal year 2019. These lawmakers can save veterans' lives by adopting language already approved by the Senate authorizing VA physicians to recommend medical cannabis to patients in states where it is legal.

A recently updated VA report shows an average of 20 veterans commit suicide every day. While suicidal behavior is complex, we know that service-related post-traumatic stress disorder and traumatic brain injury are among the primary causes. We also know that medical cannabis is a demonstrably safer treatment option than the "combat cocktail" of opioids and benzodiazepine sedatives VA physicians frequently prescribe to treat PTSD, chronic pain, anxiety and other debilitating conditions.

Our veterans suffer chronic severe pain at rates roughly 40 percent higher than civilians, according to the National Institutes of Health, helping to explain why the opioid crisis has hit veterans at a rate two times the national average. And again, science shows this is a public health crisis where cannabis could help. A study published in the Journal of the American Medical Association found that states with medical cannabis laws had a 24.8 percent lower mean annual opioid overdose mortality rate compared with states without medical cannabis laws.

Unfortunately for Oklahoma's nearly 300,000 veterans, Sen. James Lankford has fought against reform to the Controlled Substances Act that makes it illegal for VA physicians to recommend cannabis. Under the CSA, cannabis has been labeled as a drug "with no currently accepted medical use and a high potential for abuse" — two characteristics scientific data have proven clearly false. The science is part of the reason why the American College of Physicians, the American Public Health Association and the American Nurses Association recognize the medicinal value of cannabis.

If Congress won't respect the conclusions of the medical community, maybe it will respect voters. Polling data from President Trump's own pollster, Tony Fabrizio, shows overwhelming support for medical cannabis in highly competitive congressional districts. In these key "swing" districts, 87 percent of voters supported medical cannabis, including 81 percent of GOP voters. And 3 in 4 voters say a candidate's position on medical cannabis is at least somewhat important in deciding how they will vote. These and other numbers in his poll led Fabrizio to conclude "there is no political penalty for supporting medical cannabis. However, even among GOP voters, there is likely a backlash for opposing it."

The health policy and political verdicts on medical cannabis are clear. What remains to be judged is if Lankford will fight for Oklahoma's veterans as a member of the committee deciding the fate of legal access to medical cannabis for our former service members.

President Trump has made veterans a priority and has repeatedly expressed his support for medical cannabis. It's time for Congress to send him a bill that will provide veterans the relief they desperately need.

Etten, of Chicago, is a graduate of the U.S. Naval Academy, a former Navy SEAL officer and the founder of Veterans Cannabis Project.

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4.4 - The Oklahoman: OU repays the Oklahoma City VA about \$14,000 after federal report
(3 August, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

The University of Oklahoma has repaid the Oklahoma City VA Health Care System more than \$14,000 after a federal report found medical residents were paid for times when they were not working.

The two sides have worked together to find overpayments since a VA inspector general report in late March found a lack of proper accounting for millions of dollars. The deadline for repayment was July 31.

"Based on the reconciliation, a repayment amount of \$14,355.95 was agreed upon and has been paid in full to the VA by the university," said Melissa Overfield, a local VA spokeswoman.

OU has maintained that it did nothing wrong. It blames flaws in the VA's accounting system, one of the focuses of the inspector general report, for any confusion.

"The University of Oklahoma found that there were no overpayments made from the VA to the university in fiscal year 2016," said OU spokeswoman Erin Yarbrough, "but it agreed to a reconsideration of payments previously approved by the VA based on current VA standards."

During the 2015-2016 academic year, at least a dozen residents at the Oklahoma City VA Medical Center were paid for time during which they were working at non-VA hospitals, according to the federal report.

Four neurology students splitting their time between the VA hospital and the OU Children's Hospital were paid full-time salaries by the VA, rather than the part-time salaries they deserved, because the medical school billed the VA for full-time employment, the report found.

For 73 days in early 2016, six hematology and oncology residents worked at non-VA facilities. Yet, the medical school billed the VA about \$14,600 for the students' time, according to the report. Periodic audits, which would have uncovered such overpayments, were never conducted.

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4.5 - Military Times: Commentary: Strides made on VA reforms, but there's more work to do
(3 August, Sen. Johnny Isakson (R.-Ga.), 2.1M uvm; Springfield, VA)

America is the greatest country in the world because of those who have put their lives on the line to defend it, and we have an obligation to serve those who have served us. As chairman of the Senate Committee on Veterans' Affairs, I am committed to helping ensure that our veterans who have borne the battle receive quality care and services they can count on.

We're all too aware of the problems of the past that have plagued the Department of Veterans Affairs, from long wait times to a corrosive culture among employees, staffing shortages, absent leadership and inadequate care for our nation's veterans. While improvements have been made

in a number of areas, we knew there was more work to do and set out to make changes to the department.

Since the start of this Congress on Jan. 3, 2017, our committee has held more than two dozen hearings to drill down on problems confronting the VA, to hear from officials as well as stakeholders like veterans' service organizations, and to figure out how we could work together to address the challenges facing the VA. Over the last 18 months, we have made great progress, developing legislation and building consensus on proposals that are effective and meet the needs of veterans.

In 2017 and 2018, the Senate's efforts on behalf of our nation's veterans include the passage of 18 major pieces of veterans' legislation — all of which have been signed into law — that reform the VA and strengthen veterans' health care, benefits and services. Additionally, the Senate has confirmed 14 nominees to the VA and the U.S. Court of Appeals for Veterans Claims to ensure strong leadership is in place to oversee the implementation of these reforms.

To ensure our veterans have access to the best possible care, support and benefits that they have earned, we passed landmark legislation to dramatically improve the way the VA delivers health care. The VA MISSION Act removes barriers and finally gives veterans the option to receive care in the community when and where it makes sense for them.

Before now, there was no real accountability at the VA because management could not adequately discipline employees who were found guilty of misconduct. We passed the Veterans Affairs Accountability and Whistleblower Protection Act, which finally gave VA leaders the tools to remove poor-performing or negligent employees and formalized a process for protecting the rights of whistleblowers. Since being signed into law, more than 2,800 VA employees have been removed under this new authority.

For years, veterans have been waiting far too long for a decision from VA on their benefits claims appeals. The VA's woefully outdated appeals process led to a backlog of nearly half a million veterans waiting on a decision on their claims. With the Veterans Appeals Improvement and Modernization Act, we overhauled the appeals system to break down bureaucratic barriers and help develop an improved, more responsive and quicker system for veterans.

The jobs of the 21st century are ever changing, and today's workforce never stops learning. To help our service members transition to civilian life and ensure they have education benefits that meet their needs, we passed the Harry W. Colmery Veterans Educational Assistance Act to make lasting reforms to the Post-9/11 GI Bill. This is a truly meaningful victory for our veterans, who should have every opportunity available to them to pursue their desired profession and career after they return from duty.

Our committee, along with the House Committee on Veterans' Affairs and President Trump and the administration, have worked hard to reform the VA and ensure that our veterans receive the care and benefits they deserve.

This week, Robert Wilkie was sworn in as the 10th secretary of the VA. The VA needs a leader who will help move the department away from problems of the past and toward solutions of the future by implementing the legislation we have passed to address significant problems confronting the VA. I am confident that he is the right leader because he has the expertise, the judgement and the character to take on the challenges that lie ahead and will bring stability and leadership to the VA.

I look forward to continuing our efforts by working with my colleagues in Congress, President Trump and Secretary Wilkie to meet these challenges head on and transform the VA into a department worthy of our veterans.

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4.6 - WFAA (ABC-8, Video): [Cannabis converts helping North Texas veterans find relief](#) (3 August, Teresa Woodard, 2.1M uvm; Dallas, TX)

Cannabinoid oil, legal to use but not easy to get in Texas, is showing promise in helping veterans manage chronic pain and anxiety.

It is not marijuana, but cannabinoid oil, known as CBD oil, is derived from cannabis. Because of that, the Veterans Administration cannot prescribe it, or help veterans get it. So, someone else is stepping in.

"I just think a lot of people don't know," said Donna Cranston, founder and CEO of Defenders of Freedom, a non-profit organization that assists veterans with financial needs.

Cranston, at one point in time, believed all cannabis products were marijuana and anything that had to do with marijuana was bad. "I was that mom that had zero tolerance for it and held my kids' feet to the fire," she said.

It still surprises her a bit that she is now helping veterans access something made from hemp. "It really is two different things," she said.

CBD oil is not marijuana. It is derived from cannabis plants grown specifically to produce CBD oil. The industrial hemp used to produce CBD oil is an agricultural product. CBD oil is legal to use in every state, including Texas. It cannot get someone high, and users say it is an effective treatment for pain and anxiety.

Luke Barker suffers from both. "Right here it feels like I've been kicked by about 10 mules," Barker said, pointing to the right side of his forehead. "The tumor is in the right frontal lobe, which is the area that controls mood and judgment and all that stuff, it's just a constant pain right here."

Barker was in the U.S. Navy for 13 years. He is now fighting brain cancer.

"The neurosurgeon at the Veterans Administration says he believes the tumor is related to my service," he said. "I wasn't blown up. I didn't get hit with an IED or get shot or anything like that, but he believes being around heavy weapons, there's a lot of pressure that comes off heavy machine guns - the brain absorbs all of that. He thinks the tumor is related to my service."

"It's inoperable. They said if they try to go in and remove it, I'd be a vegetable the rest of my life," Barker said. "So, what do I do now?"

Barker began doing research and found testimonials from veterans battling cancer and pain and anxiety who say CBD oil made a difference in their lives. He is undergoing radiation but wanted to try CBD oil as well.

Because the VA cannot provide it, he needed to buy it, and found the most potent versions, which users say are the most effective, are also expensive. "The good quality CBD oils are expensive and, if they're on fixed incomes, many veterans can't afford it," Cranston said.

Barker now has access thanks to Cranston and another unlikely cannabis convert.

"Myself I'm not, I'm not a proponent of marijuana," said Steve Danyluk, a retired Marine lieutenant colonel. "I was in the military from 17 years old and it was drilled into our head that pot is not what we do."

Danyluk spent a significant amount of time at Walter Reed Army Medical Center and said he saw veterans suffering from pain and over medication. "You have veterans who are on 15, 20 different medications and many times the medications are not interacting well with one another," he said. "Many of them turned to cannabis as an alternative."

"The more I spoke with veterans and saw that there were positive benefits," he said. "It became clear to me that there was a medicinal aspect to cannabis."

Danyluk and fellow veterans founded Warfighter Hemp, a company that grows organic hemp at a farm in Eaton, Colorado. Warfighter Hemp produces CBD oil. Many of his buyers are veterans, or people who help veterans, like Cranston. She's purchasing the CBD oil at a reduced rate and giving it to Barker.

"We're pretty hopeful he'll have some good results," she said.

Cranston is such a believer in CBD oil that she wrote to and tweeted President Donald Trump. She asked him to encourage the VA to study cannabis and hopefully one day dispense the oil as an alternative treatment.

The American Legion is another organization lobbying lawmakers by pointing to a 2017 survey that found 92 percent of veterans support cannabis research and 83 percent support legalizing medical marijuana.

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4.7 - The Times of Northwest Indiana: Blind veteran from Valparaiso helps spur changes at the VA (3 August, Giles Bruce, 1.1M uvd; Munster, IN)

Every time Mike O'Dette tried to fill a medication over the phone with the Veterans Affairs pharmacy, he would be instructed to type in the prescription number.

The problem was, he's blind.

So the Navy veteran from Valparaiso decided to bring the issue up at a VA town hall meeting in Portage, not to complain but to suggest a way to help hundreds of patients.

"I've always been a believer that constructive criticism is better than straight criticism," said O'Dette, 53.

The VA listened.

Now blind veterans who call in a prescription refill go straight to a human being who can assist them — all thanks to O'Dette.

"That took away some of the frustrations of using an automated call center," said Marc Magill, director of Jesse Brown VA Medical Center in Chicago. "We've been doing it a year, and it's worked pretty well."

After making the change, the Jesse Brown hospital sent out letters to the other roughly 325 blind veterans it serves, alerting them of the new Scrip Talk system that allows them to talk to a live pharmacy staff member.

"It made me feel good, because it doesn't just help me but everyone else," O'Dette said.

Melinda Dunlap, visual impairment services coordinator for the VA, said blind veterans have so many other obstacles — traveling, cooking, grocery shopping — that this small change makes a big difference.

"This is the reason I'm so proud of VA health care, because really I think we look at the whole health of the veteran," Magill said, including providing them with legal advice and protecting them from fraud and scams.

"We really try to go the extra mile. That's really the true definition of customer service and trying to treat that person to the best of our ability."

"I'm a veteran myself and I get my care here," noted Dick Rooney, chief of pharmacy for the Jesse Brown VA Medical Center and Adam Benjamin Jr. VA Outpatient Clinic in Crown Point.

Tom Pappas, who leads the Portage Veterans Committee, said that if O'Dette had gone to a congressman or senator, or a local veterans organization post, he would likely still be waiting for a solution.

"Veterans need to educate and advocate for themselves," Pappas said. "Mike is an example."

Rather than bashing the VA, if O'Dette thinks something is wrong with his care he makes a recommendations for how to fix it. He points out that the Crown Point VA clinic has a suggestion box just inside the front entrance.

He said he also recently advised the VA that its government vehicles were taking up space on the first floor of the Jesse Brown hospital parking garage, where the handicapped spots are located, making it harder for disabled veterans to get around. So the VA moved the vehicles to the second floor.

"You hear so many bad things about the VA," O'Dette said. "They are working with the veterans to get stuff straightened out."

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4.8 - WZTV (FOX-17): Family of Ft. Campbell soldier paralyzed by sniper voices frustration with VA, military (3 August, Adrian Mojica, 484k uvm; Nashville, TN)

The family of a Ft. Campbell soldier who suffered a life-changing injury during combat is sharing their frustration with the Department of Veterans Affairs as they try to keep their son alive and the family together.

Corporal Jeremy Voels was assigned to Bravo Company at Ft. Campbell after enlisting at the age of 19 and was deployed to Afghanistan in 2010. Just three months after his deployment, Voels was hit by sniper fire, which went into his lower vertebra and ricochet off his rib, causing all of his organs to be injured by bone fragments.

Doctors were able to save his life, but after 300 surgeries in eight years, Voels remains paralyzed. His mother, Pamela, was living in Stewart County, Tennessee while Jeremy was getting treatment in Nashville.

But things changed when her husband, also in the military, was moved to a station in Alabama.

"We tried to make a plea for him to stay in Tennessee because he needed to be close to his son, but since he's Jeremy's stepfather and not his biological father, they moved him anyway," Pamela says. "He's been in Jeremy's life for 16 years since he was 8 years old but they were like so sorry."

Pamela also moved to Alabama after her son was transferred to a hospital in the city of Enterprise. Now, she says the hospital is telling them Jeremy has to be moved again because his TPN treatment, which provides nutrients, is too expensive and they are not a long-term care facility.

"Due to all the surgeries, and a botched surgery, Jeremy doesn't have any intestines. His body makes blood, but his cells keep dying," Pamela said. "He needs the treatment to get the nutrients he needs."

Pamela says the VA is now "looking into" places to move Jeremy that include Montgomery, Alabama, Biloxi, Mississippi, and Augusta, Georgia.

The move would mean Jeremy is once again separated from his father and would put his mother in continued financial stress.

"I've been through two houses, two cars, and have taken out of my retirement to be with my son," Pamela said. "He needs his family around him but I'm in serious debt."

Pamela says she has fitted the Stewart County home and she and her husband are working on getting what's needed in their Alabama home so Jeremy can stay close to his stepfather.

"We just need the hospital to hold Jeremy and help him until we get the house ready for him," Pamela said. "That's if doctors even clear him for that. Moving him to another city isn't going to work."

The goal is to keep Jeremy and his mother with his stepfather in Alabama since the stepfather is active duty and stationed at Fort Rucker.

Jeremy's sister, Shi-Ann Hauck, says the family wanted to share their story because there must be others facing similar situations.

"His kids have only ever known my brother as being in the hospital," Hauk said. "We can't be the only family going through this. Your soldiers aren't as well taken care of as people believe."

Pamela says she hopes the family will be able to stay together but she's not getting concrete answers.

"Everyone keeps telling us they're looking over paperwork."

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4.9 - Watertown Daily Times: New studies needed: Feds should allow additional research into effects of marijuana (3 August, 199k uvm; Watertown, NY)

There's obviously something about marijuana that alleviates the pain of various health conditions.

And more states have recognized this phenomenon and passed laws to accommodate those who seek help: 30 states and the District of Columbia now permit the use of medical cannabis. The most recent state to carry this out is Oklahoma, where voters approved the plan June 26 by more than 56 percent.

Many military veterans have found marijuana very beneficial for their health concerns. However, they cannot make use of their primary resource — the U.S. Department of Veterans Affairs — for sound advice.

The federal Drug Enforcement Administration classifies marijuana as a Schedule I drug, the most serious of its designations. These are drugs, substances or chemicals "with no currently accepted medical use and a high potential for abuse." Other Schedule I drugs include ecstasy, heroin and LSD.

The VA refuses to assist veterans when it comes to medical cannabis. A New York Times story published July 25 in the Watertown Daily Times chronicled how veterans often must lurch in the dark while trying to reduce their physical pain.

"Some of the local growers along the coast (in Santa Cruz, Calif.) see it as an act of medical compassion: Donating part of their crop of high-potency medical marijuana to ailing veterans, who line up by the dozens each month in the echoing auditorium of the city's old veterans' hall to get a ticket they can exchange for a free bag. One Vietnam veteran in the line said he was using marijuana-infused oil to treat pancreatic cancer. Another said that smoking cannabis eased the pain from a recent hip replacement better than prescription pills did. Several said that a few puffs temper the anxiety and nightmares of post-traumatic stress disorder," according to the article. "The monthly giveaway bags often contain marijuana lotions, pills, candies and hemp oils, as well as potent strains of smokable flower with names like Combat Cookies and Kosher Kush. But the veterans do not get any medical guidance on which product might help with which ailment, how much to use, or how marijuana might interact with other medications. Ordinarily, their first stop for advice like that would be the Department of Veterans Affairs health system,

with its thousands of doctors and hundreds of hospitals and clinics across the country dedicated to caring for veterans.

"But the department has largely said no to medical marijuana, citing federal law. It will not recommend cannabis products for patients; and, for the most part, it has declined even to study their potential benefits," the story reported. "A department survey suggests that nearly a million veterans may be using medical marijuana anyway. But doctors in the veterans' health system say the department's lack of research has left them without much good advice to give veterans."

People's concerns over marijuana are understandable to some extent. As a substance that causes impairment, there's no doubt it has detrimental effects on the human brain.

But there is a wealth of evidence that certain properties of the plant offer pain relief. It would help enormously if we knew where the limits were so we could draft more informed policies about its usage.

The lack of adequate research leaves a huge gap in how we should proceed. The government owes it to our veterans to allow more studies to be conducted so such questions can be resolved.

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4.10 - WTVY (CBS-4, Video): Daleville veterans talk health care at town hall (2 August, Zach Wilcox, 44k uvm; Dothan, AL)

DALEVILLE, Ala. - Veterans in Daleville had the opportunity to speak their minds Wednesday.

The Central Alabama Veterans Health Care System hosted an open town hall at the Daleville Cultural and Convention Center.

Some of the biggest issues that came up were the no-show campaign and the fresh eyes survey.

The no-show campaign looks to decrease the amount of missed doctor visits veterans have so that more appointments will be made available.

The fresh eyes survey is a chance for veterans to reach out to their health care system and voice their opinions on the service.

"I have never personally had any problems with the veterans administration, with any of my appointments or anything like that," said George Malcolm Edwards of AMVETS Post 23 in Opp. "I wanted to find out what problems other people were having, and maybe I can share that with the veterans in our post."

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5. Improve Timeliness of Service

5.1 - The Marietta Times: [Patients tell doctors they need more](#) (3 August, Michael Kelly, 74k uvm; Marietta, OH)

About 100 people, most of them medical professionals and many of them standing, packed the ground-floor conference room in the Strecker Cancer Center at Marietta Memorial Hospital on Thursday for a town hall meeting about cancer.

The town hall featured two physicians from the American Society of Clinical Oncologists, a group of doctors dedicated to networking cancer information for both their peers, other medical professionals and patients.

"We've come out to have a conversation, to raise awareness," Dr. Monica Bertagnolli, chief of surgical oncology at Brigham and Women's Hospital in Boston and a member of the ASCO, told the gathering. "We're an organization of 45,000 doctors around the world, and our goal is to prevent and cure cancer. We will conquer it through research, and we promote quality care for everyone."

The success in treating cancer has changed dramatically over the past decade, and Bertagnolli was asked how the persisting public perception of cancer being a death sentence can be changed.

"I'm already learning from my visit here and elsewhere that patients want the real story. Some have had serious and terrible challenges, and the care here has given them their lives back, given them great strength," she said. "We are collecting videos of their experiences. We need to be honest and truthful, but we also need to tell these inspiring stories."

Bertagnolli noted that the cancer.net website, containing information compiled and curated by members of the ASCO, is intended for patients as well as clinicians and will continue to include encouraging stories of survival and treatment.

Patients in the audience expressed the greatest concern not about treatments but about communicating with their physicians.

"We need more information," said John Miller, a 56-year-old being treated for lung cancer. "I've had to get information on my own. Doctors need to focus more on their patients and answer our questions. They don't explain why we're getting the treatments."

Another patient, Sandra Rexroad, said of her experience with the Veterans Administration health system, "I had to learn to be my own advocate ... you have to find someone who will give you options."

Rexroad, a 59-year-old widow who suffers from malignant brain tumors, said she was shuttled around between veterans' clinics in Kentucky and West Virginia before being referred to a neurosurgeon at Strecker for treatment. She said the medical community seems not to understand the hardships involved for patients who need to travel or have difficulty understanding the reasons for the treatment they are receiving.

Dr. Colin Weekes, another panel member from ASCO, recalled a patient he treated while working in a clinic in Denver. The woman, who was impoverished and didn't own a car, had to come about 100 miles from Cheyenne, Wyo., and was often late. Ultimately, he was asked to

sign a paper indicating that her treatment would be discontinued if she didn't get to her appointments on time.

"These stories are told but not always heard or appreciated," he said. "We need to hear these things in a context so we can understand what it's like to live with this problem, to think about it from the other person's point of view, to have some mutual respect."

Miller said after the meeting that he feels he doesn't get enough time with his physicians.

"It just seems like the doctor is not interested in talking to me, that as patients we have to go to others for information," he said. "I see my doctor once a month, and it's always something hurried. But I've been in treatment for two years, and I'm going to win this."

The system is complex and difficult to understand for ordinary patients, and Bertagnolli said in an interview later that doctors might not appreciate the challenge it presents to those outside the medical community.

"Think about it – if any of ourselves as doctors were put in the position of being a patient, we would know what to do, but if you're not in the medical profession, or you live in a community where you don't have a lot of access, it's completely daunting," she said. "We as doctors know what we need to deliver to our patients, but we're not necessarily equipped to see what's needed in terms of community support. It could be transportation, finances, babysitting, all these things that go into our everyday lives that are absolutely essential if you're going to get the care you need."

One way of helping is a patient navigator, someone dedicated to helping patients make their way through the system. Electra Paskett, a professor of cancer research at The Ohio State University and part of the town hall panel, urged the group to express support for a bill in Congress that would add patient navigator services to the billable services supported by Medicare and Medicaid.

Meanwhile, there are people like Tom Powell. The 63-year-old Navy veteran and Strecker volunteer helps patients get through the system.

Powell said he was diagnosed with two forms of cancer while living in Florida in 2011. He moved back to Marietta, his hometown, and the medical service he received changed dramatically for the better, he said.

"At those big hospitals in Florida, I felt like a pawn in a game, just a number. Here, it's much better," he said. Powell now volunteers two or three days a week at Strecker.

"I'm just very passionate about cancer patients," he said.

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5.2 - WGXA (ABC-24): [Georgia congressman tour one-star VA medical center in Dublin](#) (4 August, 62k uvm; Macon, GA)

DUBLIN, Ga. -- On Friday congressman Rick Allen of Georgia's 12th district visited the Carl Vinson VA Medical Center in Dublin.

The center has a one star rating and congressman Allen said he wants to do something about that

He said that by providing a comprehensive plan for the center he hopes it'll get a higher rating in the future.

"I've seen this facility, I've talked to the patients, I've talked to the patients in the five-star facility. I'm going to find out why one would be ranked this way," said Allen.

Congressman Allen met with the acting director before taking a tour of the community living center there.

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5.3 - Union-Bulletin: VEText newest veteran's tool (2 August, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

A new tool came over the horizon at the request of veterans. The Jonathan M. Wainwright Memorial VA Medical Center has also added a new tool called VEText, which allows veterans to receive upcoming appointment reminders on their cell phones.

The new tool has helped reduce no-shows, because the reminder comes with an opportunity for the veterans to cancel appointments should they be unable to make it, said Linda Wondra, VA public affairs officer.

The link to the information is at goo.gl/z5NKq7. A great bonus to this is that the newly freed appointments allow for openings for other Veterans needing to seek care – a win win for everyone.

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6. Suicide Prevention

6.1 - The Modesto Bee (Video): Modesto veteran doesn't want his 'invisible injuries' to be the death of him (3 August, Deke Farrow, 841k uvm; Modesto, CA)

At his lowest points, just a few things have kept Army veteran Eli Price from committing suicide, he said: the thought of causing his mother that pain; not wanting his Army friends, who've already seen so many of their number kill themselves, to endure another loss; and not knowing what, if anything, comes afterward.

"You know what's going on in your life, and if you killed yourself, do you think it would be over?" he said. "I'm not really religious, but I have a hunch if you kill yourself, you might go to hell. I don't know what comes next, but —." Looking downward, he paused. "It's an ongoing argument in my head. A few times, it's been the only thing. 'What if because you're weak right now, you end up in hell?'"

The Davis High graduate is living his own personal hell years after finishing a 12-month deployment in Afghanistan.

Most wouldn't know it, though.

Price returned home in the summer of 2011 a damaged man, but unlike his military brothers who lost arms, legs, fingers, toes and eyesight. His scars are on the inside, the result of being concussed by improvised explosive devices (IEDs) and of the toll that "hunting man" and being hunted takes on the psyche, he said.

"I know I'm not missing a limb, but I feel like I'm missing my brain ... or at least the good part of my brain," the 28-year-old said in talking about the fight for his life that's continued long after his military service ended.

Price, diagnosed with traumatic brain injury (TBI) and post-traumatic stress disorder, has a 100 percent disability rating from the U.S. Department of Veterans Affairs. He suffers seizures, sleeplessness and depression.

He knew the risks when he signed up to join the Army, he said, and now seeks simply the same level of care afforded to guys who came back more obviously traumatized. Instead, when he seeks VA help, Price said, it sometimes begins with a wait of weeks for an appointment. Doctors want him to try a medication for six months, and then try another pill when that first one doesn't help, he said. Meantime, the suicidal thoughts remain.

So far, counseling also has not helped, though he has hope it could, with the right fit. "But they have a round hole and they're just throwing all shapes at it," he said of the VA connecting veterans with counselors.

Unlike many veterans, he's always been able to talk about his experiences, Price said, "so when I get a counselor, it's, 'OK, what do you want to know?'" But then it gets to the point where "he puts a light display on or something to calm me down, and it's like, 'Guy, I'm not here for your experimental things.'"

When traumatized veterans are returning from duty and reintegrating to civilian life, the military and the VA need to prepare them for a long and challenging road, said Sara Kintzle, a research associate professor with the University of Southern California's Suzanne Dworak-Peck School of Social Work, Military and Veterans Programs. A mental health expert with the VA Palo Alto Health Care System had not been responded to a request for comment by deadline.

Counseling definitely is not a one-size-fits-all treatment, she said, and it unfortunately can take years of meeting with one professional after another to find the right match. Complicating matters is that if a vet is on a medication that's not doing what it should, counseling still may be ineffective, Kintzle added.

A VA page on TBI research cites a 2015 study that found "that veterans with a combination of depression, PTSD, and military-related TBI had the greatest difficulties of all Iraq and Afghanistan veterans in getting around, communicating and getting along with others, handling self-care, and accomplishing other daily tasks. According to the research team, many Iraq and Afghanistan veterans require highly integrative treatment approaches, and their health problems need to be dealt with in a comprehensive and coordinated manner."

Buddy has his back

Corey Kent, a Coral Gables, Fla., resident and Price's best friend, is an Army vet and multiple amputee who understands how the Modestan feels. Having appointments booked so far out, being given ineffective medicines time and again, facing the risk of being 5150'd (placed under an involuntary psychiatric hold) because he may pose a danger to himself — "that's not going to make anyone reach out for help," Kent said.

Kent has been working to get Price to move to Coral Gables. He'd go to his VA appointments with him, he said, "and if they give him crap, I'll step in."

It sounds like Kent has won over his friend. Price bought a one-way ticket to Coral Gables and is set to leave Aug. 15, said his mother, Corky Price. "Bittersweet for me, for sure. But I want what's best for him."

For a Davis High grad who enthusiastically joined the Army and pictured it or law enforcement as his career, reintegrating to civilian life has seemed an insurmountable struggle. One that's cost him his marriage, forced his family to once call the authorities out of concern for his mental health, and led him to self-isolate.

Her son and his sweetheart wed while he was home on leave, said Corky Price, but split within months of him being home for good. At that point, "he didn't see any hope," she said. He went to live with his parents. "That's when the whole suicide kind of thing came up, and it freaked me out, and the rest of us." So they called 911, which resulted in a 5150 response.

Because of his combat experiences and struggles to get the care he needs, Price said he has a temper. He keeps to himself because it's safe. He'll walk through the family almond orchard, where it's quiet and he can see anybody coming his way. It's a release, he said. Out there alone, no one can say he's offending them or bothering them. "For a while, I was in such a bad place I wasn't talking with anyone outside my mom, and her only occasionally."

Corky said she's heard "things a mother shouldn't hear. But if he has to tell them and I'm the only one there, then I'm going to listen."

'Goddamn IEDs'

Price, with the 101st Airborne out of Fort Campbell, Kentucky, was a "13 Bravo cannon crew member, an artilleryman," he said. He was trained to provide heavy, long-range fire to support infantry.

In 2010, members of the 101st knew deployment to Iraq or Afghanistan was coming down the pike, Price said. Then they learned they'd been retasked as provisional infantry. After a few months of infantry training, they found themselves in the Arghandab River Valley north of Kandahar, Afghanistan.

Capt. Norman Black, who at the time was Price's lieutenant and platoon leader for nine months leading up to deployment and three months into it, called the deployment "very significant."

"Artillerymen historically have seen times of combat, but in the war on terror, not so much," he said earlier this year by phone from Italy. "But they made us provisional infantry. We dismounted and we met the enemy on the ground."

The 101st hit Afghanistan in summer, which Price said is fighting season for the Taliban. They'd get up in the morning and shoot at U.S. forces, stop firing during the heat of the day, then resume when the sun started to go down, he said.

Fighters with the hardline Islamic movement didn't tend to engage in combat in the winter because there was no foliage to hide them, Price said. "They still will bury their goddamn IEDs, though, and you still have to patrol in the winter."

Describing the patrol experience, Price said, "We go out as quiet as we can, because you're hunting man, essentially, and everyone is doing their job to stay quiet and calm. You move in a ranger file, usually, which is just a straight line spaced out in case of the IEDs," he said. "When somebody hits one, it's a split second and it goes from calm and everything is relatively fine to all of sudden your ears are ringing, you see white specks. ... I was close to 300 pounds with all my gear on and I would just get swatted to the ground."

When a fellow soldier would lose an extremity or otherwise be wounded, it was the intact guys like Price who had to pick themselves up and leap into action: Get the wounded to safety, help the medics, clear a landing zone for medevac helicopters and then pull security duty, because the Taliban would try to attack the landing copters.

A step, then white-hot pain

Among those badly hurt soldiers was Corey Kent, Price's best friend at Fort Campbell and since their return home. Price deployed earlier and so "was always a few days or weeks ahead of me when we were bouncing out to outposts," Kent said.

Kent arrived July 4, 2010, at what would be his final outpost, and was wounded July 12. His squad was on patrol when the point man hit an IED. The call was made to turn around. "I took one or two steps back and that's when I stepped on mine," he said.

Kent remembers lying on his back, remaining conscious and not screaming, though he felt "white-hot" pain and "steamroller pressure" all around his legs. "I could feel I was injured, but I'd never even broken a bone before, so I didn't know what was going on," he said by phone from his home in Coral Gables.

He's been told that by the time he got to a field hospital, his heart had stopped and had no blood in it. He was revived through heart massage. "I woke up eight days later at Walter Reed (National Military Medical Center) in Washington," Kent said. "All the fingers on my left hand had to be amputated because of infection." Doctors were unable to save his legs, so the right was amputated at the hip, and the left at mid-thigh.

Despite his terrible injuries, Kent said that in some ways, he thinks Price has it worse. There's no way to accurately express what deployments such as theirs are like, Kent said. "They're a really hard thing to relate to. ... I was only there a short time, and he was there an entire year."

Kent recognizes the changes in himself after his military experience, including memory trouble and a short temper. But they're not nearly as dramatic as what he and others see in Price. "I think the reason I am not worse off is I was not there a long time."

'Wasting away'

Price once was so lighthearted, the funnyman of the unit, Kent said. Now, it's tough to get that out of him. "I feel like I'm one of the few people who can." Both friends agree that Price seems at his best when he's with Kent and Kent's family.

Playing with Kent's daughter, who turned 1 in April, Price minds his language and temper. "He makes her laugh and she makes him laugh. I think it's really good for him."

Asked if he has even the slightest apprehension about bringing his troubled friend into his family fold, Kent said no. "I trust him more than anybody, besides my wife. I know he's got my back, and I've got his."

In talking about Price and other vets with TBI and PTSD, Kent used a common term, "invisible injuries." Thing is, the consequences are plainly visible, as Kent noted in talking about Price's personality change. Anyone who knew pre-deployment Price and the man he is now can speak of the difference.

And when her son was being processed for honorable discharge from the Army, an EEG (electroencephalogram) test of the brain activity came back abnormal, Corky Price said. Then there's his dramatic weight loss — a topic Eli has long tired of hearing. He once weighed in the 230-250 range, but now is about 145, and not from healthy living. "He's just slowly wasting away," his mother said.

Circle of support

Sitting in a dark room all day isn't going to help him, Price acknowledged. He said he knows he needs hobbies, and so has taken up gardening. "It's hard on my knees and back, but it does bring me calm when I'm out there doing it." He enjoys raising chickens, too, he said.

Price also appears to be finding hope and help with Modesto's True Patriots support group, veterans who also feel the VA has largely failed them, so struck out to help themselves. "That seat's been waiting for him. We hold a special place for those having a hard time adjusting," said Carlos Lara, president and co-founder of the group, said this spring.

In May, Price started attending meetings of the True Patriots, mostly Vietnam War veterans. He shared with his mother that the experience is bittersweet because he relates to the older men and their experiences but hopes he doesn't find himself still struggling decades from now.

At one meeting, Price shared that he uses a cannabis compound in a vape pen to help with sleeplessness and seizures. But he quit telling VA doctors that he uses marijuana because they kept telling him it's bad for him. He said he's been told things like, "'You might get emphysema when you're 60.' I said, 'Well, I might be dead tomorrow because I don't have any.'"

A recent New York Times article said the VA, citing federal law, will not recommend cannabis products for patients and for the most part has declined even to study their potential benefits

Price told the True Patriots that when he returned from his Afghan deployment, it was almost routine to have to go to a service for a fellow soldier who'd killed himself. And at some point after leaving the Army, he stopped using Facebook "because it seemed like every time I was going on, it was, 'Hey, did you hear about ...?' It was just bad news."

There was no Facebook when Jerry Wood returned from Vietnam, but he could relate. At that time, fellow veterans were committing suicide in part because of the way the American public perceived them, he said.

He understands, too, Price's need to isolate. "I learned real fast not to share with anybody because they wouldn't understand," he said at the meeting. "All they wanted to hear is if I killed somebody."

He'd have rather talked, though, about more lighthearted experiences, like "the crazy s--- I did when I went on R&R." Not reintegrating well, "I went to ground," he said. He became a trucker "and spent 38 years in a truck, which was great therapy for me."

Kintzle said it's good that Price has found some solace among the veterans support group. "While it's not necessarily 'treatment,' it helps," she said. Veterans groups are places to hear what's working for others and gather referrals and connections.

A call for change

Kent feels for Price when they're in public together, he said. "People would thank me for my service, and it's awkward because he did it, too, longer than me. It makes me feel a little guilty, but I don't want to point out that he's a vet, too, because he doesn't like to talk to strangers."

Kent said he hopes that Price and other veterans sharing their experiences is a catalyst for change in their health care and general treatment. "People need to understand traumatic brain injury is a real thing ... a physical injury. You're feet away from an explosion. To think that wouldn't cause a physical injury is absurd."

Price said he wants veterans' pleas for help to be truly heard and acted upon effectively. Of the many suicides he's heard about, "I've not heard of one guy yet who went to no one. They all went and told someone, 'I'm thinking of killing myself.'"

The VA's latest national report on veteran suicide, released in June and covering the years 2005-15, states, "After adjusting for differences in age, the rate of suicide in 2015 was 2.1 times higher among veterans compared with non-veteran adults."

The VA's 2018-2024 Strategic Plan report says suicide prevention is the department's highest clinical priority. It notes that in his May 2017 "State of the VA" briefing, VA Secretary David J. Shulkin outlined "veteran-facing challenges that include the disability claims backlog, the lack of consistent quality care throughout the system, and veteran suicides."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Stars and Stripes (Tribune News Service): He wanted to be buried in a veterans cemetery. But there is no space available in Raleigh and elsewhere (3 August, Anna Johnson, 1.5M uvm; Washington, DC)

RALEIGH, N.C. — Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery.

When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina.

With his wife and son still living in Raleigh or nearby, Marshall thought it would be a good spot that was close enough for them to visit. But that national cemetery is also full — and has been for years.

"I wouldn't be raising this up, but it's going to happen to a lot of people," Marshall said. "I am highly decorated, and I was supposed to be buried with no questions. But they've got that one clause that says 'if space available.' And there is no space in Raleigh, North Carolina or anywhere else. Even in Arlington."

The New Bern and Wilmington national cemeteries also are full. The only national cemetery in North Carolina with space is the Salisbury National Cemetery, which recently was expanded to offer more than 8,000 burial spaces for veterans.

The Raleigh cemetery's website states that veterans with a reservation and their eligible family members are able to be buried there.

Space does periodically become available because of a cancellation.

"Since there is no way to know in advance when a gravesite may become available, please contact the cemetery at the time of need to inquire whether space is available," the website states.

Marshall's doctors warned him he likely wouldn't see August after his aggressive liver cancer spread to his lungs. He's treated his cancer for five years, going through tests, procedures and therapies. He thinks his health problems and cancer are from his exposure to Agent Orange, a herbicide that was used by the United States military.

Marshall decided to stop treatment for an aggressive liver cancer that has since spread to his lungs to focus on his quality of life instead of quantity. He was told he wouldn't make it to August.

"This is where I'm at," he said of his doctors' prediction. "This is the week. This is the week the doctors said I am dying."

Maybe, he quipped, he's too mean to die.

Limited spots

North Carolina is one of seven states where there are either no federal veteran cemeteries or where a majority of the cemeteries are full. In nine other states, half of the national veteran cemeteries are full. The New York Times reported earlier this year that Arlington is considering tightening the restrictions on who can be buried there, to the frustration of several veteran groups.

"(The) VA is committed to providing veterans and eligible family members with reasonable access to a burial option," said Jessica Schiefer, a public affairs officer within the national cemetery administration.

More than 95 percent of veterans within North Carolina have a burial option in a national or state veteran cemetery, she said. New national cemeteries are only created in areas where 80,000 veterans who live in a 75-mile radius don't have "reasonable access to a burial option either in a VA national cemetery or in a VA grant-funded state veterans cemetery."

Marshall said he's frustrated the federal government "will get out of" paying for a portion of the burial costs because there isn't space for him in a nearby national cemetery.

It took weeks, Marshall said, to go through the process of getting approved to receive burial benefits, and the entire responsibility was on the veteran. He said he finally found a helpful VA employee in Missouri after not getting help locally.

The benefits and the amount veterans receive can depend on whether the death was connected to their time in the military, when the person died or served and whether the person was hospitalized by the VA. And that's assuming you meet certain qualifications to get benefits.

For veterans who don't want to be buried in Salisbury, the state has another option.

North Carolina has four VA-supported state cemeteries for veterans: Sandhills in Spring Lake, Coastal in Jacksonville, Eastern in Goldsboro and Western in Black Mountain. The federal government pays for the development of those cemeteries, but the state has to cover the operation costs.

All except Eastern were built in the 1990s, and each has less than a few thousand gravesites left open. Eastern was opened in 2016 and has 50 acres available.

The N.C. Department of Military and Veterans Affairs just received two grants from the VA to help expand and improve the cemeteries in Spring Lake and Black Mountain. A nearly \$6 million grant to Sandhills will help add more than 3,000 different graves, including cremation sites and crypts. A \$3 million grant will go toward the Western cemetery for more than 3,000 graves.

"North Carolina is proud to be the most military and veteran friendly state in the nation, and I want to thank our federal partners at the Department of Veterans Affairs as well as North Carolina's Congressional delegation for working to ensure that we can continue to serve our veterans and their loved ones," said Larry Hall, secretary of the department.

It's unlikely the state would receive more funding for a national or state cemetery until space is full at all of the facilities, said Angella Dunston, director of communications for the state department.

A change of plans

After living in Raleigh all his life, Marshall said he didn't want his wife to have to drive two hours to Salisbury to visit his gravesite. He also said he had concerns about the distance and maintenance of the state's veterans cemeteries.

Marshall has decided he will be cremated and buried in the Oakwood Cemetery in Raleigh.

He and a friend suggested that the city of Raleigh set aside a portion of the 300-plus acre Dix Park for a veteran cemetery, but the VA won't provide funding for nonprofits, cities or counties.

"The grave people at Oakwood will give you more help than the United States government, the state government or the county government," he said.

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7.2 - WFLA (NBC-8, Video): V.A. attempts to swamp bill extending Agent Orange benefits to Navy veterans (3 August, 692k uvm; Tampa, FL)

The Department of Veterans Affairs tried to torpedo efforts to expand Agent Orange benefits to tens of thousands of Vietnam War Navy veterans.

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7.3 - The Fayetteville Observer: Our View: Veterans cemetery will expand; give Silent Sam a new home (3 August, 439k uvm; Fayetteville, NC)

Merit: For the nearly \$6 million grant from the U.S. Department of Veterans Affairs that will help expand and improve the Sandhills State Veterans Cemetery, which sits between Spring Lake and Fort Bragg along N.C. 210.

Although the land area of the cemetery won't change, the grant will allow the addition of 2,240 pre-placed crypts, 362 in-ground cremated remains sites and 880 columbarium niches. The funding will also add roadways and landscaping to the cemetery, which was created from 50 acres that Fort Bragg gave to the state in the late 1980s. The cemetery already has more than 6,000 graves. There are 3,000 veterans and their family members buried there.

The cemetery was nearing capacity and might have run out of room in the next few years. The nearby Main Post Cemetery on Fort Bragg was filled to its capacity several years ago.

The state also received a VA grant of about \$3 million to expand the Western Carolina State Veterans Cemetery in Black Mountain. That cemetery had faced similar capacity problems.

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7.4 - The Herald-Dispatch: Agritherapy for veterans coming to Huntington (3 August, Bishop Nash, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will devise and pilot a new program to provide military veterans with agricultural training, aided by a \$400,000 grant from the U.S. Department of Veteran Affairs' Office of Rural Health.

"Agritherapy" is focused on providing a creative and productive outlet for, but not limited to, veterans with mental health issues - a focus of the West Virginia Department of Agriculture's West Virginia Veterans and Warriors to Agriculture program. The grant was awarded to the state Department of Agriculture in line with the Whole Health Initiative, a new outlook set on improving the full scope of a veteran's life through holistic approaches.

The Huntington facility will be one of 10 VA centers nationwide tasked with initially developing and implementing agricultural training for veterans.

"This is great news for our West Virginia veterans," said Kent Leonhardt, West Virginia's commissioner of agriculture. "We know agriculture is a solution for healing the unseen wounds of war, as well as providing new career opportunities."

Still in its formative stages, the program is planned to be an eight-week introduction to various agricultural fields, such as farming and landscaping, followed by two-week internships with local farmers, explained LeeAnn Bills, chief of social work at the Huntington VA.

Plans may also include the addition of a one-day workshop with a mental health focus and an agricultural job fair to connect trained veterans with employers.

"We're not sure what direction we want to go through yet," Bills said. "But that's what I think is best about a pilot program - that we can establish a direction that is going to best serve the veterans in this area."

There are no immediate plans for tilling up any sizeable plots of lands, Leonhardt said - rather, the focus will be on class lessons supplemented by small-scaled imitations of agricultural practices, like a few high tunnels or raised beds. Training will also cover aspects beyond the field work of agriculture, such as the marketing, production, and creating added-value methods like canning and cooking jams. The finer points of the program will be developed over the next four to six weeks jointly by the VA, the WVDA and Marshall University. Leonhardt also commended the work of U.S. Sen. Shelley Moore Capito, R-W.Va., for helping secure the program's federal funding, which was announced Wednesday.

If proven successful with veterans in Huntington, Leonhardt said the program could be expanded not only statewide, but also into addiction recovery practices as well.

"What you're seeing is a whole cooperated effort within the state of West Virginia," Leonhardt said. "I look at this as a pilot program for the state, and this could segue into treating the opioid crisis."

Planning has also touched on how the program, once developed, can be looped into the public through local produce markets.

"I have a feeling that when we're done, the community of Huntington is going to see a benefit and that the citizens of Huntington are going to want to participate," Leonhardt said.

Leonhardt, a Marine veteran from Monongalia County, spoke personally to the benefits raising crops and animals can have on a veteran's mindset, adding that he kept bees even while on active duty.

"Veterans don't necessarily want to be inside at a desk or in an office. They want to be outside and see things grow," Leonhardt said. "There's nothing like that newborn calf or seeing those seeds coming up."

Through the VA's new holistic approaches, Bills said the program seeks to help veterans identify a sense of purpose, cultivate their work ethic, provide an outlet to work independently and build their physical body as well.

"From what we've heard from the Department of Agriculture, it's going to have a huge response," Bills said.

Enrollees can either be referred by their doctor for the program or contact the Huntington VA for information to get involved.

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7.5 - Florida Politics: Miami-Dade County announces virtual end to veteran homelessness

(3 August, Ryan Nicol, 157k uvd; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness.

A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust.

"After four long years of leaving no stone unturned, I am proud to officially announce that Miami-Dade County has effectively ended homelessness amongst veterans in our community," said Ron Book, chair of the Trust.

According to data from the organization, the county identified 317 homeless veterans in 2014, 142 of which were unsheltered. By January of this year, that number of unsheltered veterans had been brought down to just nine, a reduction of nearly 94 percent.

"Since December 2014, together with our network of providers and partners, we have housed close to 600 homeless veterans and we prevented homelessness for hundreds more who were at risk," Book said.

Today, unsheltered veterans represent less than one percent of the homeless population, according to the group's most recent data.

The Trust was founded in 1993, and is led by a board of 27 volunteers. The trust works to advise the County Commission regarding the implementation of the Miami-Dade County Community Homeless Plan.

The Trust doesn't provide services to the homeless population directly. Rather, it coordinates available funds and oversees compliance of agencies contracted by the county.

In 2014, the Trust increased its focus on the issue of veterans' homelessness, after Miami-Dade County joined the U.S. Department of Veterans Affairs' 25 cities initiative. That initiative was designed to ramp up local efforts across the country to tackle this issue.

"This is a commitment from our community leaders that no one who has served our country should be forced to sleep on the streets," said Book.

"We know we cannot say that no veteran will ever become homeless again. But we can say, and we can say with conviction, that we have a system in place now to make certain that veterans' homelessness will be rare, it will be brief."

Book also spoke of the county's partnership with the U.S. Department of Housing and Urban Development (HUD), an agency led by Secretary Ben Carson that helps address housing issues at a federal level.

"We've never had, in 24 years, a stronger relationship with [HUD] than we have had under this administration. And 100 percent of that credit goes to the man that leads that agency."

Secretary Carson was on hand to deliver remarks, congratulating Miami-Dade County on the importance of this work.

"Those who once wore our nation's uniform deserve more than a life on the streets and we have no greater responsibility than to make certain they have a home they can call their own," Carson said.

U.S. Rep. Mario Diaz-Balart, who represents Florida's 25th Congressional District and chairs the House committee in charge of appropriating funds to HUD, was also on-hand to speak about the government's efforts.

"Our veterans sacrificed so much to defend our freedom, and we owe it to these brave men and women to help them in their times of need," Diaz-Balart said.

"As Chairman of the House Appropriations Committee on Transportation, Housing and Urban Development, I am grateful to be in a position to contribute towards this goal, and will continue to do my part to ensure we put an end to veteran homelessness across the country."

Miami-Dade County Mayor Carlos Gimenez also played a role in tackling this problem, helping to add resources for homeless veterans, including 120 Housing Choice Vouchers.

"Today, we say with certainty that Miami-Dade is treating its veterans with the respect they deserve," Gimenez said.

"Behind every number and percentage, there's a person," Book added. "It is about never giving up on people."

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7.6 - Guam Pacific Daily News (Video): [Some veterans got Agent Orange benefits, many more still waiting](#) (4 August, Haidee V. Eugenio, 141k uvm; Hagatna, GU)

Navy veteran Lonnie Kilpatrick received a letter in April from the Department of Veterans Affairs, reversing its previous decision and approving Agent Orange benefits for him.

Kilpatrick was stationed on Guam during the Vietnam War, according to retired Marine Brian Moyer. Moyer is lead organizer for the Agent Orange Survivors of Guam,

Kilpatrick died a month after receiving the letter. He's one of only a dozen or so veterans who served on Guam and whose ailments were recognized by Veterans Affairs as being related to Agent Orange exposure.

Hundreds of other veterans are trying to make the same case to receive benefits. Some are advocating that soil testing on Guam be expanded to prove it, and flying witnesses to Guam to identify testing sites.

"We, the Agent Orange Survivors of Guam, want the same medical benefits and compensation that the government granted veterans like Kilpatrick," Moyer said.

Agent Orange was used by the U.S. military as part of its herbicidal warfare program, Operation Ranch Hand, during the Vietnam War from 1961 to 1971. Traces of dioxin found in the mixture have caused major health problems for many exposed to it.

According to a 1991 law, veterans who served in Vietnam between 1962 and 1975 are presumed to have been exposed to Agent Orange if diagnosed with a medical condition associated with the herbicide.

The military has said it didn't use Agent Orange on Guam, but veterans have come forward in recent years saying they sprayed what they believe was Agent Orange on island, or saw it being sprayed here.

Moyer was among those who attended Kilpatrick's funeral in May, a month after the VA sent Kilpatrick the letter, which stated in part, "We have received records you were exposed to Agent Orange while you served in Guam," according to Moyer.

Kilpatrick's daughter, Keri Ackerson, said, "All I can do at this time is confirm that the letter was received on 4/17/2018," referring to the VA's letter to her father. "We are in the middle of a litigation and cannot comment further."

Moyer said Kilpatrick was stationed on Guam, working in electronic warfare during the Vietnam War, in 1971 and 1972. Moyer said Kilpatrick never was stationed in Vietnam.

Kilpatrick recalled living near a jungle area on Guam that was sprayed at night and had turned dead brown by the next morning, Moyer said, citing past media interviews with Kilpatrick.

Attorney: About a dozen got approved

Kilpatrick is just one of a few veterans stationed on Guam whose medical conditions were recognized by the VA as linked to Agent Orange, an advocate for veterans said.

"There have been veterans who served on Guam and who got approved for Agent Orange-related medical treatment from the Veterans Affairs," said attorney John B. Wells, a retired Navy commander and executive director of the Louisiana-based Military Veterans Advocacy. "Based on anecdotal info, I would estimate about a dozen. The VA does not keep statistics on that."

While about a dozen veterans received VA recognition, hundreds of others still are trying to make a case, said Moyer, who said he has the same degenerative disease as Kilpatrick.

The veteran said he witnessed herbicide spraying taking place along the inner security fence line at Polaris Point in Apra Harbor when he was stationed on Guam in the 1970s.

Testing clarification

The Guam Environmental Protection Agency announced July 24 that more soil will be tested for the presence of Agent Orange, starting in September, after two separate tests of samples collected in April were deemed inconclusive and couldn't prove or disprove the presence of Agent Orange.

The Guam EPA later said the April test results came back with "trace detections of herbicide constituents, not necessarily Agent Orange."

Although 2,4-D and 2,4,5-T are the active ingredients in a tactical herbicide like Agent Orange, detection of traces of 2,4-D and 2,4,5-T don't necessarily indicate the presence of Agent Orange, Guam EPA stated. There were known commercial uses for both 2,4-D and 2,4,5-T, as individual herbicides that may have been applied in non-tactical operations.

"Any detected presence of these two constituents warrants further investigation through re-sampling," Guam EPA said.

The April soil samples were taken only at Andersen Air Force Base. The second round of testing also will include off-base sites, Guam EPA has said.

New samples will be tested because there were quality assurance issues with the lab that detected traces of herbicide, the environmental agency said.

What sites to search

For Wells, it's hard to say whether more samples will reveal traces of Agent Orange or other herbicides and chemicals, because some areas have been remediated, have experienced erosion and runoff, or may not have been sprayed.

"The key to it, I believe, is in the preparation phase to ascertain what sites should be searched. The other variable is the depth of the core sample. Skimming the surface would not be good enough. They should take variable depth samples," Wells said.

Moyer cited a 1983 testing report that showed traces of dioxin in Navy wells on Guam. Dioxin is a deadly byproduct of the acids 2,4,D and 2,4,5,T — which are combined to make Agent Orange.

Air Force veteran Gerard Laitres was stationed at Andersen Air Force Base from 1963 to 1965. He said he knows where Agent Orange was used.

Laitres, now 74, said he worked as a liquid fuels system maintenance technician, checking above-ground pipelines for chipped paint and damage from the Andersen bulk storage area to the Tumon tank farm, and to the Sasa valley bulk storage area.

He said he saw people spraying chemicals or herbicides. By the next morning, he said, all vegetation was gone.

"We didn't think anything of it at the time. They said it's a herbicide, they said it's a defoliant," Laitres said. "A lot of people sprayed it."

He said there also was a time when an orange-painted chemical trailer blocked the access road along the pipeline.

"This was near NCS, and the detour went back almost to Andersen AFB," said Laitres, who came back to Guam decades later and has been living on island for the last 14 years. He also has pending medical claims with the VA.

Robert Fink, another veteran stationed at Andersen in 1970 to 1972, as a crash rescue firefighter, said he knows Agent Orange was used back then, including around the footing of the fire station, curbs and parking abutments, and for weed control.

"As for showing them where I sprayed, I could," he said. "Seeing the spray rig was as common as, say, a street sweeper in your neighborhood. Some of us utilized galvanized pump up sprayers. Plastic wasn't available then."

Fink said he was a station captain at Station 3 Marbo, where he said they used the herbicide as well.

"Marbo was also my barracks, where I lived. That area was heavily sprayed — parking lot, grass on lawn. Andy South housing was in my fire protection district. That area was saturated in herbicide spray," said Fink.

The veteran said he has about 30 ailments and has been waiting five years for a hearing on his VA claims. He was stationed only on Guam, not in Vietnam.

'Waiting too long'

Vice Speaker Therese Terlaje said veterans have expressed their lack of confidence in the Department of Defense-funded study and have questioned the testing methodology and test sites. She said she's glad Guam EPA sent a sample to a non-DOD lab as well, but the lab results confirm veterans' suspicions.

"Veterans and the community have been waiting too long to get the answers to our questions and their growing frustration is understandable," Terlaje said. "Veterans have been the driving force in ensuring that this issue does not die and that they and our island community obtain answers and justice."

Veterans have submitted testimony to Congress, to the Government Accountability Office and to Guam EPA, the vice speaker said.

Moyer and other veterans want soil to be tested in the specific areas where they said they sprayed or saw the spraying of herbicides. They asked Del. Madeleine Bordallo for help identify funding to bring some veterans back to Guam for that purpose.

GAO investigation

Bordallo on July 30 asked U.S. EPA acting Administrator Andrew Wheeler and Guam EPA Administrator Walter Leon Guerrero to test areas recommended by groups such as the Agent

Orange Survivors of Guam. These include Pipeline Road in Dededo, the former Naval Communications Station in Finegayan, the former Naval Air Station, Marbo Barracks, Polaris Point at Apra Harbor and Naval Magazine in Santa Rita, Bordallo said.

"Veterans stationed on Guam, as well as civilian residents, assert that the U.S. military used Agent Orange both on-base and off-base to manage foliage overgrowth during the 1960s and 1970s," Bordallo wrote.

GAO, the investigative arm of Congress, is examining the claims and investigating reports that Agent Orange was transshipped through Guam during that period, Bordallo

Bordallo also wants U.S. EPA and Guam EPA to confirm whether they are permitted to cover travel expenses for veterans willing to identify sites for testing.said.

"We may wind up filing suit," Wells said. "I found that a multi-pronged approach works best. We need to get good samples and the (Government Accountability Office) report to flesh out our plan of attack."

Wells was referring to a bill in Congress that seeks to extend Agent Orange disability benefits to "Blue Water" Navy veterans — those who served only in ships offshore of Vietnam.

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7.7 - KFOX (FOX-14, Video): Local veteran goes from homelessness to home-ownership (4 August, Michael Ikahihifo, 92k uvm; El Paso, TX)

A local veteran has gone from being homeless to owning her first home in El Paso.

Cholla Fox served in the U.S. Army for more than 25 years. After leaving the military, she struggled to find a permanent place to live.

"Sometimes there are financial problems. Even though you are military, you don't get paid a lot," said Fox.

With help from the El Paso Housing Authority over the past year, Fox was able to finally settle into her forever home.

Fox signed up for the HUD VASH program (Housing and Urban Development – Veteran Affairs Supportive Housing), part of a 2008 federal initiative to help veterans go from homelessness to home ownership.

The HUD VASH program offers Section 8 vouchers to veterans who apply for it. So far there are 244 veterans using the HUD VASH program locally. Since the program started, three area veterans have graduated into home-ownership.

Phil Rhodes graduated from the program. He said it's not easy for veterans to leave the military and resume normal life. That is why he believes the HUD VASH program is valuable.

"For the veteran that completes this program, it opens up the next opportunity for the next vet," said Rhodes.

Dawn-yel Fox said she is proud of her mother.

"I am so proud of her and I look up to her so one day I hope I can be as successful as her when it comes to something like this," said Dawn-yel Fox.

Cholla Fox said she hopes the next veteran who uses her voucher will take advantage of it.

"I hope they try to do what I did. Get on their feet and then go for a house like I did," said Cholla Fox.

The Housing Authority tells KFOX14 they plan to apply for more vouchers to help more veterans in El Paso.

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7.8 - Times-Herald: Mare Island Cemetery advocates slam VA official for objecting to taking the site over (3 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

There may be a glitch in the plan to get the United States to hand the crumbling Mare Island Naval Cemetery over to the Veterans Administration for repair and upkeep.

At a key committee meeting on Aug. 1, where testimony in favor of Senate Bill (S. 2881) by Sen. Dianne Feinstein was entered into the record, along with statements of support by the American Legion, a VA official entered a statement opposing the idea.

Paul Lawrence, the VA's undersecretary for benefits, said the agency is concerned about the conditions at the cemetery, and has worked with the City of Vallejo to find solutions, but opposes the legislation because it might "disrupt efforts currently under way," and noted the repairs the sites needs could cost \$1.5 million or more.

"VA does not support (the legislation), ... because acquisition of the cemetery by VA does not align with VA's current strategic objectives with respect to providing burial access to veterans and their families," Lawrence wrote in testimony submitted to the committee.

The move, he said would set "an unwanted precedent regarding veteran cemeteries in disrepair managed by localities, allowing them to eschew their responsibility to our nation's heroes."

Feinstein disagrees, a spokesman from her office said.

"The senator feels the cemetery's current state of disrepair is unacceptable and the VA is best suited to properly maintain it for the long term. That's why she introduced legislation to transfer control from the city (of Vallejo) to the VA," Adam Russell of Feinstein's office said Friday.

Vallejo resident and retired U.S. Army Col. Nestor Aliga has been involved nearly from the start, with the effort to get the oldest military cemetery on the West Coast transferred into the appropriate hands, which he said he also believes is the VA.

He is especially upset with Lawrence's assertion that the VA has tried to help Vallejo in the past.

"The VA has NOT tried many times to help the City of Vallejo," he said.

Particularly incensed is Ralph Parrott, the retired Naval Captain and Virginia area resident whose impromptu visit to the island while on a layover at Travis Air Force Base wound up leading to the effort to rectify what he sees as an unacceptable situation.

"We got to see the VA's testimony that was put in the record but was not read in open session, and we've prepared a blistering rebuttal to the testimony," he said.

The letter starts by saying that Parrott and Thomas Bandzul, Legislative Counsel, Veterans and Military Families for Progress in D.C. respect Lawrence, and, in fact, Bandzul approved his nomination as the new Undersecretary of Benefits for VA when asked, and even made statements in support.

"I believe he is an honest person so I have a very difficult time reconciling this statement with who he appears to be..." he said.

"First, VA does not HAVE a 'current strategic objective' for the Mare Island Cemetery with respect to providing burial access to veterans and their families," the letter says. "... If Sec. Lawrence doesn't want to be bothered with this, he doesn't have to make up excuses and tell fibs; just tell the entire veterans community he can't be bothered."

Furthermore, the letter said, "this legislation does NOT set a precedent. There are several examples of transfers of local cemeteries being done currently under PL 93-43."

Had the Secretary done his homework, it said, he would have found "the transfer of the Clark Air Force Base cemetery to the American Battle Monuments Commission was under similar conditions," Parrott said. "In fact, the legislation being used in S. 2881, is the same as a bill used to transfer the cemetery at Clark AFB. The only truth in this statement is it's "unwanted" by VA management."

The letter rebuts Lawrence's statement point by point, including this:

"Based on (the VA's) mission statement, VA is responsible for the markers, medallions, memorial certificates and administering and expanding veterans cemeteries. The statements made by Mr. Lawrence is a direct contradiction to the stated purpose of VA. SO WHICH IS IT?"

The letter also refutes the validity of Lawrence's statement that, "Because this cemetery is closed to new interments. ..."

"The cemetery has not HAD a burial there in a long time but it does not preclude burials in the future if the VA wanted or needed them," the letter says. "In fact, the City of Vallejo has made the offer of additional burial space at Mare Island."

The letter recounts some of Parrott's and other's conversations with officials early in the process.

One such conversation was with officials of the National Cemetery Administration Advisory Committee.

"The Navy affirmatively decided not to turn over the cemetery to the NCA in accordance with Public Law 93-43 and instead turned it over to the City of Vallejo," they were told. "Therefore, as much as we would like to help you we have no legal authority to do so."

It was based on this that the letter writers, "began the process to obtain the legal authority the NCA told us was lacking in order for them to act. S. 2881 and (companion House bill) HR. 5588 and the official request from the City of Vallejo for the Federal Government to take over the cemetery are the results of our actions. Now at this late date Dr. Lawrence, whose portfolio does not contain the NCA, makes no reference to the NCA's communication with (the letter writers.)"

"This spurious, misleading ... testimony by Dr. Lawrence, a VA official without any responsibility or authority for NCA, is deeply offensive to the veterans' community and cannot be allowed to go unchallenged," the letter states. "I would add, several people were in contact with me during our research, writing the legislation and meetings with over 40 veteran service organizations. I've met with over 200 people in the House and over 30 people in the Senate. Not a single person, after getting the FACTS about this cemetery, raised any objections. I find it so difficult to believe the VA is the sole organization to oppose this and refuse to accept their responsibilities to our departed veterans."

Calling the VA's testimony in opposition to S 2881, "a smokescreen," Parrott said and he and Bandzul intend to make sure a copy of their letter gets into the hands of all the appropriate officials, "with an explanation of how they're being misled by the VA. "Feinstein will get one also, and the new VA Secretary Robert Wilkie will get a copy, hand delivered."

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8. Other

8.1 - Telegram & Gazette: [Leominster woman admits stealing \\$300K in Social Security, veterans benefits](#) (3 August, 653k uvm; Worcester, MA)

A Leominster woman pleaded guilty Friday to stealing more than \$300,000 in Social Security and Veterans Affairs benefits, U.S. Attorney Andrew E. Lelling announced.

Joyce Progin, 71, pleaded guilty Friday in federal court in Worcester to two counts of theft of public funds.

Ms. Progin was the caregiver for her former father-in-law, who passed away in November 2009, and who received monthly retirement benefits from Social Security and monthly benefits from the Department of Veterans Affairs, according to Mr. Lelling.

Neither agency was advised of the man's death and continued depositing benefit payments into a bank account held jointly with Ms. Progin.

Ms. Progin admitted knowing she was not entitled to the money, according to Mr. Lelling. Nevertheless, she collected approximately \$55,267 in Social Security benefits from Nov. 2009 through March 2017 and approximately \$269,978 in benefits from the Department of Veterans Affairs from Nov. 2009 through Nov. 2017.

The charge of theft of public funds provides for a sentence of no greater than 10 years in prison, three years of supervised release, and a fine of \$250,000 or twice the gross gain or loss, whichever is greater.

U.S. District Court Judge Timothy S. Hillman scheduled sentencing for Nov. 2.

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8.2 - WRIC (ABC-8, Video): New VA policy endorses animal adoption but may not save McGuire dogs (3 August, Kerri O'Brien, 477k uvm; Richmond, VA)

A new policy says animals used in VA research projects will no longer have to live out their lives in a lab but 8News finds it still might not save those dogs at McGuire VA Hospital.

The VA's policy recently published and shared with the USDA is the first-ever federal policy encouraging the adoption of animals no longer needed in medical research.

It states in part, "VA has an ethical obligation to arrange for placement of healthy and socially adjusted animals with suitable adoptive families."

"It certainly is a promising development," said Tabitha Treloar, the Director of Communications with the Richmond SPCA, who stops short of calling it a victory for the dogs at McGuire VA Hospital in Richmond.

Congressman Dave Brat of Virginia's 7th District agrees. He's been fighting to put an end to the painful and taxpayer-funded experiments agrees.

"I don't think it is strong enough yet," says Brat.

VA slapped with lawsuit over McGuire dog experiments

While McGuire told 8News, "The new guidance formalizes VA's longstanding position that animals retired be adopted into loving homes."

When we asked specifically about the dogs inside McGuire undergoing surgery, implanted with pacemakers and run on treadmills until they collapse to study cardiovascular disease, we were told:

"The research with canines at Hunter Holmes McGuire VA Medical Center is focused on finding new and improved treatments that Veterans with heart disease need. Because of the nature of that research, the guidance generally does not apply to the animals at McGuire. Occasionally, a canine may turn out to be unsuitable for the research that is needed. In these cases, McGuire, like all other VA animal research programs, will follow the VA guidance to place those canines with loving adoptive families."

"The reason is probably because of the excruciating pain and some of the procedures were in total different agreement with them on," said the Congressman.

Under Brat's leadership, a bipartisan group overwhelmingly passed an appropriations act slashing taxpayer funding on canine testing, unless the secretary of the VA personally signs off on it.

Yet, Brat says if the McGuire dogs can't be freed there's still more work to do.

Dogs 'intentionally injured,' killed during medical testing at McGuire Veteran's Hospital "The government works for us right? This is what they want, it's overwhelming. So we are asking the VA to comply with the will of the people," Brat told 8News.

The Richmond SPCA, which has made offers to adopt and rehabilitate the dogs, also takes issue with the use of the word "healthy" in this new adoption policy.

"The Richmond community, for example, is already no kill for not only for healthy animals but also those who have treatable conditions and manageable chronic conditions," said Treloar.

Yet, she adds, "Maybe they will reconsider at some point."

"The VA, I want to applaud them for the work they do for the veterans but on this one we got to do better," Congressman Brat added.

Justin Goodman, Vice President of Advocacy and Public Policy for the taxpayer watchdog group White Coat Waste Project, which has been working with congressional members to put a stop to these taxpayer-funded experiments, told 8News in a statement:

"Taxpayers bought the dogs, cats and other animals locked in VA's nightmarish labs, and we want Uncle Sam to give them back. Thanks to Congressman Brat's leadership, the VA's expensive, widely-opposed puppy testing has been slashed and animals who survived these and other abusive experiments can be freed."

McGuire officials say the research is critical to finding new and improved treatments for veterans with heart disease.

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8.3 - WNEP (ABC-16, Video): [Veteran Receives Medals at Wilkes-Barre VA Medical Center](#)

(3 August, Jessica Albert, 320k uvm; Moosic, PA)

PLAINS TOWNSHIP -- A local veteran received two medals from Representative Tom Marino.

"It's a little overwhelming," Air Force veteran Staff Sergeant Craig Trunzo said. "It's my first interaction with the congressman. I've met a couple presidents in the past but never a congressman."

Representative Marino came to the VA Medical Center near Wilkes-Barre to present Trunzo with two medals he earned during the decade he served in the air force.

"After 911, they created a medal for the Global War on Terror, which I earned during my time in, but before it was created," Trunzo said. "So, it wasn't presented to me. I also earned a Korean

Defense Service medal for having served in Korea, and again, that was created after my time in the military."

"Without our veterans, the women and men serving, or who have served, we would not have what we have in this country and the whole world would be different," Representative Tom Marino said.

Staff Sergeant Trunzo's family and hospital staff attended the ceremony. The people who run the VA said they invited their staff to the ceremony to remind them of their mission here at the hospital.

"We're not just a regular hospital," Wilkes-Barre VA Medical Center Director Russell Lloyd said. "We're here to serve our nation's heroes, our veterans."

After Staff Sergeant Trunzo received his medals, he said this is a moment he will never forget.

"A lot of people make a sacrifice to this country and a lot don't necessarily get the recognition that they should or get awards that they've earned in the past and it's nice that something like this could happen," Trunzo said.

In addition to the medals, Congressman Marino gave Staff Sergeant Trunzo's kids collectors pins from the House of Representatives. He also gave his wife a medallion.

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8.4 - KLFY (CBS-10, Video): Local veteran claims a scammer changed his VA check deposit information (3 August, Sylvia Masters, 195k uvm; Lafayette, LA)

Chuck Trenchard is a local veteran who depends on his monthly VA check.

He recently received a letter from the department of veterans affairs stating there was a request to change his direct deposit information.

"And I said I did not authorize any since change. I said this that does not sound good. I checked my direct deposit which was supposed to be in there today it's a little over \$3000.. it wasn't there," Trenchard explains.

He says his monthly check not being accessible really hit him hard.

"I have been getting my checks like clockwork for the last 20 years. I have never lost one," Trenchard says. "It's really a shock when you check your bank account and find out the money is not there."

Trenchard claims this scammer knows substantial information about him. that includes his banking account information.

"It looks like it came from right inside the VA based on the information that they had to have. It may not have been but I'll tell you what.. if it didn't. I bet you whoever got it is very good friends with somebody in the VA that got them the information," he says.

The Veteran says he remains fortunate and is optimistic that the VA will resolve this, but remains worried for other vets that this may happen to.

"There are a lot of single vets out there that's all they get to live on," Trenchard says.

News Ten reached out to the DVA and the director of the Dallas Office of public affairs and department of veterans affairs which includes Louisiana.

Their response was the following:

VA is in the process of contacting this veteran to resolve his concerns directly. We have on occasion learned of individual e-benefits accounts that have been fraudulently accessed. VA takes fraud allegations and the security of veterans' information seriously. When a fraud case is reported or suspected, VA investigates the incident and determines what actions are needed to protect the veteran's benefits, report those responsible for the alleged fraud and make the veteran whole quickly.

The VA says safeguarding personally identifiable information or PII is a veteran's best defense against being the victim of e-benefits and other fraud.

If you know of a scam, email SMasters@klfy.com.

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8.5 - The Daily Sentinel: [Smoky air from wildfires poses health concerns](#) (3 August, Joe Vaccarellil, 192k uvm; Grand Junction, CO)

When stepping outside and looking east during the past few days, it's easy to see that it hasn't been a typical week in the Grand Valley.

Hazy skies and smoky air from fires surrounding the area obstruct usually clear views of the Bookcliffs and Grand Mesa. But the poor air quality does more than make the area a little less scenic for a few days.

Grand Junction's air quality was among the worst in the state on Thursday and the Colorado Department of Public Health and Environment issued an air quality health advisory until 9 a.m. today for much of western Colorado.

Thursday's air quality index, as reported by organizations such as Air Now and Purple Air, rated the Grand Valley's quality between moderate and unhealthy for sensitive groups throughout the day.

While the weather today could push some of the smoke and haze out of the area — the National Weather Service forecast a 20 percent chance of rain — it could return as fires continue to burn throughout Colorado and the surrounding states.

"The source is still there," said Scott Stearns, a forecaster with the National Weather Service in Grand Junction. "We still have smoke in the area. Maybe not right away, but it could move back into the area."

The continually growing Cache Creek Fire in Garfield County is the closest to the Grand Valley, but the state's health department cited fires throughout western Colorado and others in states such as Idaho, Wyoming, Utah and Nevada as causes for the lower air quality.

The air quality in the Grand Valley ranked at the bottom of the state Thursday morning. It improved in the early afternoon and slightly worsened late in the day, as was the case in other parts of the state.

While the air quality never reached dangerous levels, it did reach spots that could negatively affect the elderly, children and those with heart and respiratory issues.

Mesa County Public Health recommended that the elderly stay indoors and that parents keep children from getting too much exercise outside during these conditions.

Those with asthma should make sure they have medication close by and have an action plan in place. Anyone who experiences shortness of breath or unusual fatigue should contact their doctor.

"You know yourself the best," said Katie Nelson, spokeswoman for Mesa County Public Health. "If you look outside and can't see five miles out, it's unhealthy in the area."

Nelson said many might seek to wear masks outside, but most masks are ineffective against the small air particles that can cause problems.

A respirator would likely be effective, she said, but those are expensive and harder to find than sawdust masks and surgical masks that people would most likely seek from area stores.

Some of the large health care providers have not yet seen an uptick in visits as a result of the worsened air quality.

St. Mary's Medical Center reported several calls to its Lung and Sleep Center, but none that required a visit.

The emergency department has not received any additional patients because of the poor air quality.

Community Hospital also reported that it had not seen an increase in visits in relation to the air quality.

Grand Junction's Veterans Affairs Medical Center also hasn't seen any increase in local veterans experiencing respiratory issues.

However, as of Wednesday, Veterans Affairs did accept three patients from the Veterans State Nursing Home in Rifle because of respiratory issues.

The Veterans Affairs clinical team met Thursday about the possible transfer of more veteran patients from the state nursing home and developed a plan to care for a rise in patients from that area.

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